Updated: 4/19/2015

Medicaid Waiver Management Application

Project Information Bulletin

December 1, 2014 (1st Edition)

The Medicaid Waiver Case Management Application (MWMA) Information Bulletin is a periodic publication providing MWMA stakeholders and users with important project updates and information related to the MWMA implementation.

In this issue . . .

Important Announcements

Project Updates

MWMA Roadmap

Spotlight on . . . the Transition to Electronic Documentation

Helpful Links and Resources

Important Announcements

Submit Information Electronically Online! When the Medicaid Waiver Management Application (MWMA) goes live, a number of the Commonwealth's Medicaid waiver forms will be incorporated directly in MWMA, and Case Management Agencies will be required to submit information online via MWMA. Additional details on the transition to electronic documentation and the specific forms to be incorporated into the electronic system can be found in this issue's Spotlight section.

Project Updates

- The system has been developed and is undergoing internal testing.
- MWMA user testing is planned to begin in January. A group of Case Managers and Supervisors will be invited to participate in this testing based on their availability, knowledge and experience.
- The MWMA Implementation Team is in the process of developing training materials for MWMA users. These materials will be available through online resources.
- Classroom facilities across the Commonwealth are being reserved for MWMA instructor-led training, scheduled to begin in early Spring 2015.

MWMA Roadmap

The MWMA implementation will occur across two releases. The initial release is scheduled for Spring 2015 and the second release is scheduled for December 2015.

The Roadmap below highlights key milestones and goals for a successful implementation of the initial MWMA release.

Identify Application Requirements	Develop and Test Application	Train MWMA Users	Go-Live (1st Release)
Nov 2013-Jan 2014	**Jan 2014-February 2015**	**Oct 2014- April 2015**	**Spring 2015**
☑ Perform analysis of existing business processes	☑ Conduct design sessions with CHFS staff	☐ Schedule classroom training	☐ Establish user IDs for accessing MWMA
☑ Define future business processes	☑ Build application	☐ Register participants in classroom training	☐ Communicate go-live preparedness activities & requirements
	☑ Plan testing activities	☐ Distribute training materials to MWMA users	☐ Distribute toll-free help desk number
	■ **Perform testing**	☐ Conduct classroom training	☐ Launch MWMA solution
	☐ Launch user acceptance testing		
■ = In Progress			

Spotlight on . . . the Transition to Electronic Documentation

One of the overarching objectives of the Medicaid Waiver Management Application implementation is to standardize and streamline how Kentucky's Medicaid Waiver Programs are supported. To achieve this goal, the Commonwealth is implementing a number of new business processes and initiatives aimed at simplifying how case managers and other waiver providers perform their daily activities. One particular initiative is the transition of paper-based forms to the Medicaid Waiver Management Application and to allow information to be submitted online.

Today, a number Medical Assistance Program (MAP) and other forms are used to support intake, assessment, eligibility determination, plan of care, case management, incident management, timesheet, and reporting processes. When MWMA goes live, the vast majority of these forms will no longer be used in their current paper format. This doesn't mean that waiver service providers will discontinue collecting the information currently captured through these forms. Instead, they will enter this information directly into the Medicaid Waiver Management Application.

Transitioning to electronic documentation is a huge step for waiver programs. Real-time access to information and less effort and time devoted to the storage and transmission of paper documentation and duplicate data entry are just a few of the expected benefits for waiver providers.

Paper forms will be incorporated into MWMA over the course of multiple releases. The table on the following page outlines specific paper forms that will transition to an electronic format with the first release of the MWMA implementation. Case managers, CHFS staff, and other waiver service providers will continue to capture information through some of the paper forms that are used today. Some of these paper forms will be uploaded into MWMA once they are completed, and others will continue to be submitted through current means of transmission (e.g., mail, fax, telephone). Additional details around the transition of paper forms will be communicated as part of implementation readiness and classroom training.

	Forms to Be Transitioned to Electronic Format with the Initial MWMA Release*	Forms to Remain in Use with the Initial MWMA Release**
Medicaid Application Program Forms	• **MAP-24:** Memorandum to DCBS • **MAP-24C:** Admittance, Discharge or Transfer of an Individual in the ABI/SCL Program • **MAP-26:** ABI Program Application • **MAP-109:** Plan of Care/Prior Authorization for Waiver Services • **MAP-418:** Medicaid Waiver Services Fact Sheet • **MAP-620:** Application for SCL Waiver and ICF/IDD Services	• **MAP-10:** Waiver Services Physician's Recommendations • **MAP-95** : Request for Equipment Form • **MAP-109 (MIIW):** Plan of Care/Prior Authorization for Model II Waiver Services • **Map-350 (MIIW):** Long Term Care Facilities and Home and Community Based Program Certification Form • **MAP-350:** Long Term Care Facilities and Home and Community Based Program Certification Form • **MAP-351:** Medicaid Waiver Assessment • **MAP-351A (MIIW)**: Medicaid Waiver Assessment • **MAP-530:** Demographic and Billing Information (LOC Forms included) • **MAP-531:** Freedom of Choice and Case Management Conflict Exemption (SCL2) • **MAP-532:** PDS Request Form for Immediate Family Member, Guardian, or Legally Responsible Individual as Paid Service Provider • **MAP-621:** Application for MPW Waiver Waiting List • **MAP-1021:** Adult Day Health Care Center Level II Reimbursement Determination Form** • **MAP-2000:** Initiation/Termination of Consumer Directed Option (CDO)
Other Forms	• POC Narrative	• Adult Day Health Care Attending Physician Statement • Family Friendly Support Profile Form • Emergency Form • Incident Report** • Initial LOC Form • Instructions for Managing Prior Authorization Review Tool Files • Life Story • LOC Recertification Form • Master Plan Authorization Review Tool • Participant Rights • Plan Authorization Review Tool • POC Sign-In Sheet • Psychological Evaluation • SCL Exceptional Supports Fax Form • DAIL 100 (CDO Exceptions)

Transitioning Paper Forms, Post-MWMA Launch

** Additional paper forms will be transitioned to electronic format as part of the second MWMA release.*
***With the exception of the MAP 1021 form and Incident Reports, completed paper forms that remain in use will be uploaded into MWMA. The MAP 1021 form will continue to be submitted through postal mail. Incident Reports (for class 2 and 3 incidents) will continue to be submitted via email, fax and postal mail.*

Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

- MWMA Information Page
- MWMA Frequently Asked Questions
- MWMA Fact Sheet
- MWMA Overview Presentation
- kynect
- Department for Medicaid Services

The MWMA Implementation Team wants to hear from *you*! Contact us and let us know what you think about this bulletin.

Medicaid Waiver Management Application

Project Information Bulletin

January 23, 2015 (2nd Edition)

The Medicaid Waiver Case Management Application (MWMA) Information Bulletin is a periodic publication providing MWMA stakeholders and users with important project updates and information related to the MWMA implementation.

In this issue . . .

Important Announcements | **Project Updates** | **MWMA Roadmap** | **Spotlight on . . . How to Apply For Waivers** | **MWMA Training Resources Overview** | **Helpful Links and Resources**

Important Announcements

Participate in MWMA Training Kickoff Webinar! The MWMA Implementation Team will host several webinars to kick off MWMA training. The webinar sessions are aimed at providing an overview of the MWMA Training Portal and addressing questions about classroom training. Webinar sessions will take place next week. Look out for additional details from the MWMA mailbox.

Register for classroom training! Classroom training for case managers kicks off on February 5, 2015. Individuals identified in the Training Participant Rosters will receive training invitations by the end of this month. Remember to sign up for your desired session as soon as possible as each class has a limited number of available seats. Note: these invitations and other communications around classroom training and web-based training access will come from Eastern Kentucky University (EKU).

Project Updates

- User Acceptance Testing (UAT) for previously identified case management agency staff kicked off on January 13th and wrapped up this week. During UAT, participants had the opportunity to perform hands-on testing of the Medicaid Waiver Management Application.
- Training materials have been finalized and include web-based training courses, job aids, and the MWMA user manual. Supplemental training materials to the classroom training will be made available online later this month. Additional details on MWMA training resources can be found ***here.***

MWMA Roadmap

The MWMA implementation will occur across two releases. The initial release is scheduled for Spring 2015 and the second release is scheduled for December 2015.

The Roadmap below highlights key milestones and goals for a successful implementation of the initial MWMA release.

Identify Application Requirements	Develop and Test Application	Train MWMA Users	Go-Live (1st Release)
Nov 2013-Jan 2014	**Jan 2014-February 2015**	**Oct 2014- April 2015**	**Spring 2015**
☑ Perform analysis of existing business processes	☑ Conduct design sessions with CHFS staff	☑ Schedule classroom training	☐ Establish user IDs for accessing MWMA
☑ Define future business processes	☑ Build application	☐ Register participants in classroom training	☐ Communicate go-live preparedness activities & requirements
	☑ Plan testing activities	☐ Distribute training materials to MWMA users	☐ Distribute toll-free help desk number
	☑ Perform testing	☐ Conduct classroom training	☐ Launch MWMA solution
	■ Launch user acceptance testing		

■ = In Progress

Spotlight on . . . How to Apply For Waivers

The current processes to apply for Kentucky's Medicaid Waiver programs vary by waiver. One of the key objectives of the Medicaid Waiver Management Application (MWMA) implementation is to standardize and streamline the process to apply for waivers by creating a single intake application that will be used for applying to any of the waiver programs. Through this standardization, MWMA automates the application process through a web-enabled portal and provides consistent experiences across all Medicaid waiver programs.

The future application process begins with the completion of a Waiver Intake Application. Application intake will serve as the process in which an Individual's demographic, contact, needs and other details are collected from the Individual, Authorized Representative or Legal Guardian and input into MWMA. In the first release of MWMA, this information will be entered by an ***Application Initiator**** who may be a Case Manager, Case Manager Supervisor, or other authorized individuals at various case management agencies across Kentucky. The second release of MWMA will allow the Individuals to complete the application intake process themselves through kynect. In addition to entering application intake details, the Application Initiator will also have the ability to upload supporting application documentation, such as diagnosis reports and physician statements, directly into MWMA.

Once an Application Initiator has completed and submitted the Intake application, MWMA will automatically trigger a task for an ***Application Reviewer*****. An Application Reviewer is responsible for reviewing the submitted waiver application and sending it to a specific waiver program for further processing. During the review process, the Application Reviewer reviews the intake application and validates the supporting documentation. The Application Reviewer will have the ability to return the application to the Application Initiator should further clarification or documentation be required. Once the application review process is completed, MWMA will then trigger waiver capacity review, thus initiating the Medicaid waiver eligibility and enrollment processes.

**An Application Initiator is an individual who initiates and completes an application for Medicaid Waiver services on behalf of an Individual.*
***An Application Reviewer is an individual responsible for reviewing a submitted application and determining whether an Individual meets qualifying criteria for any particular waiver.*

The table below highlights some of the major benefits provided by two specific MWMA application intake and review functionalities.

MWMA Feature/Functionality	Examples of Benefits
Electronic Document Submission	MWMA's document upload functionality allows the Application Initiator to upload documents and electronically attach the documents to an Individual's waiver application. Benefits of this functionality include: • **Avoid delays due to incomplete applications**: An Individual's waiver application may only be submitted in MWMA when all required supporting documents have been uploaded. • **Reduced waiting for supporting documents**: The Application Reviewer and Capacity Reviewer are able to review these documents when they review the Individual's waiver application. The Application Reviewer and Capacity Reviewer no longer have to wait for supporting documents to be submitted separately. The document upload functionality helps the Application Review to make a timely determination of the status of an Individual's supporting documentation.
Task Management	MWMA provides automated task controls for the flow of work between different user groups. Each user role (e.g., Application Initiator, Application Reviewer, Waiver Capacity Reviewer*, etc.) has a task queue on their home screen that is viewable upon login to MWMA. Here are some examples of MWMA tasks: • Application Reviewer receives a task to begin review of the waiver application once the Application Initiator submits an application. • Application Initiator receives a task when the Application Reviewer returns a submitted application due to missing information. Benefits of the MWMA task management functionality include: • Expedited processing of the waiver application by the various user roles • Real-time tracking of the status of the various application intake and review phases • Action completed on application intake, submission, review, or resubmission is electronically tracked to a specific user • Alerts created for near-due or overdue tasks

** A Waver Capacity Reviewer is a Cabinet for Health and Family Services representative who determines whether targeting criteria is met, determines urgency of need, and the capacity in a waiver.*

MWMA Training Resources Overview

Beginning later this month, users will have online access to a variety of training materials aimed at providing them with the skills and knowledge needed to successfully use the Medicaid Waiver Management Application. These resources are described in the table below. These are supplemental training materials to the classroom training that will be delivered beginning in February.

Training Resource	Description
User Manual	Comprehensive document providing step-by-step instructions on system functionality and screen overviews.
Job Aids	Quick reference guides that include work steps, abbreviated explanations, tips, and hints around specific areas of system functionality.
Web-based Training	Self-paced courses that are available via the internet. Each course covers a variety of topics such as system functions, demonstrations showing how system functions are performed, and simulations allowing the learner to perform actions in a simulated system environment.
Instructor-led Training	Classroom-based training providing an overview of the MWMA application, process specific education for use of MWMA, live simulations of using MWMA, and exercises.

The MWMA user manual, job aids and web-based training courses will be accessed online through Eastern Kentucky University's learning management system. In order to access these materials, individuals must have their names and email addresses submitted to the MWMA Implementation team via the Training Participant Roster**.** It is important to note that only those individuals identified through the Training Participant Roster will be able to access these materials and access the classroom training.

Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

- MWMA Information Page
- MWMA Frequently Asked Questions
- MWMA Fact Sheet
- MWMA Overview Presentation
- kynect
- Department for Medicaid Services

The MWMA Implementation Team wants to hear from *you*! Contact us and let us know what you think about this bulletin.

Medicaid Waiver Management Application

Project Information Bulletin

February 27, 2015 (3rd Edition)

The Medicaid Waiver Case Management Application (MWMA) Information Bulletin is a periodic publication providing MWMA stakeholders and users with important project updates and information related to the MWMA implementation.

In this issue . . .

Important Announcements

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Spotlight on . . . How to complete a Level of Care Assessment

MWMA Training Lead Overview

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Important Announcements

Classroom Training is underway! Classroom training for case managers launched this month. There are still open seats left in remaining sessions. Only those individuals whose names and email addresses were submitted via the Training Participant Rosters will be able to register for training. If your name was submitted and you have not yet received an invitation or if your agency would like to submit a roster, please email the Implementation Team at WCM_Implementation@ky.gov. Online training materials, which will supplement classroom training will be posted to the MWMA-Training Portal. An email communication will be sent to agencies when materials are accessible.

Complete the MWMA Adoption Survey. Agencies should have received an invitation to complete the MWMA Adoption Survey. The Adoption Survey is a two-part survey designed to help the Implementation Team determine agencies' readiness for the MWMA launch and identify those areas where agencies may need additional support and assistance. The first part of the survey is now open and will close on March 13th. Please have one person from your agency complete the survey, located here. The second part of the survey will open in March. Agencies will be notified once it is open for participation.

Project Updates

- User Acceptance Testing (UAT) was successful and met all of the key testing milestones and targets. Feedback and lessons learned from testers is being used to make adjustments to the system and will be incorporated into classroom training.
- Instructor-Led Training has launched and continues through April 2015.
- Online training materials, will soon be available on the MWMA-Training Portal**.** These materials which include web-based training courses and job aids are designed to help prepare participants for classroom training.

MWMA Roadmap

The MWMA implementation will occur across two releases. The initial release is scheduled for Spring 2015 and the second release is scheduled for December 2015.

The Roadmap below highlights key milestones and goals for a successful implementation of the initial MWMA release.

Identify Application Requirements	Develop and Test Application	Train MWMA Users	Go-Live (1st Release)
Nov 2013-Jan 2014	**Jan 2014-February 2015**	**Oct 2014- April 2015**	**Spring 2015**
☑ Perform analysis of existing business processes	☑ Conduct design sessions with CHFS staff	☑ Schedule classroom training	☐ Establish user IDs for accessing MWMA
☑ Define future business processes	☑ Build application	■ Register participants in classroom training	☐ Communicate go-live preparedness activities & requirements
	☑ Plan testing activities	■ Distribute training materials to MWMA users	☐ Distribute toll-free help desk number
	☑ Perform testing	■ Conduct classroom training	☐ Launch MWMA solution
	☑ Launch user acceptance testing		

■ = In Progress

Spotlight on . . . How to complete a Level of Care Assessment

One of the advantages of implementing the Medicaid Waiver Management Application (MWMA) includes streamlining the Level of Care Assessment processes. In order to enhance these processes, MWMA allows for a number of various activities to be performed online.

Currently, Assessors and Reviewers are required to perform frequent exchanges of paperwork via fax or mail which can result in service delays. The future assessment process enables all assessment details and paper documentation to be submitted online allowing others to view this information within seconds of submission. MWMA allows LOC Assessors* to view an Individual's basic demographic information as well as offer the capability to schedule an appointment with an Individual/ Authorized Representative. Once the Assessor has completed an Individual's assessment and submitted the documentation electronically via MWMA, a task is triggered for the LOC Reviewer (Carewise Health)** to perform the LOC Determination. The LOC Reviewer is able to view all assessment details and documents submitted instantly.

The table on the following page provides a summary of the major benefits provided by MWMA's Level of Care Assessment functionality.

** A LOC Assessor is a designated member of a case management agency who meets with the Individual to complete the Level of Care Assessment.*
*** A LOC Reviewer is a designated Carewise staff member who reviews the assessment performed by the LOC Assessor and determines if an Individual's the Level of Care is Met, Not Met, or if there is a Lack of Information.*

MWMA Feature/Functionality	Description
Task Management	Tasks are generated in MWMA when certain activities require action. Task Management aids in expediting the assessment process by triggering real time tasks for the LOC Assessor and LOC Reviewer. During the Medicaid Waiver LOC Assessment processes, MWMA generates a task for: • The LOC Assessor to perform an assessment • The LOC Assessor to record assessment results • The LOC Reviewer to perform an LOC Determination • The LOC Assessor to provide additional information for an assessment with a Lack of Information (LOI) determination Benefits of this functionality include: • Ability to track and monitor an Individual's Level of Care Assessment status in real time • Automated reminders around key tasks (e.g., upcoming reassessments) • Minimized communication delays which provides expedited enrollment
Electronic Assessment Scheduling	The Schedule Assessment screen in MWMA enables LOC Assessors to schedule assessments with Individuals/ Authorized Representatives. Benefits of this functionality include: • Allowing the LOC Assessor to view basic demographic information which can be used to contact the Individual/ Authorized Representative*** • Providing the LOC Assessor with an updated list of appointment times and locations • Allowing the LOC Assessor to cancel or reschedule appointments • Allowing information documented during scheduling the assessment (e.g., assessment date and assessment tool) to populate automatically during the record results phase
Electronic Results Submission	MWMA enables LOC Assessors to submit assessment results electronically. Benefits of the Electronic Results Submission functionality include: • **Submission of complete assessment results**: An Individual's LOC Assessment is only able to be submitted once all required results have been entered (e.g., Assessment Tool and Date of Assessment). • **Expedited assessment status determination**: The electronic results submission functionality allows the LOC Reviewer to view assessment results instantly after being submitted by the LOC Assessor.
Electronic Document Submission	MWMA incorporates a document upload functionality which allows Level of Care Assessors to electronically attach documents as part of an Individual's assessment results. Benefits of the Electronic Document Submission functionality include: • **Submission of complete assessment documentation**: An Individual's LOC Assessment is only able to be submitted once all required documentation has been uploaded. • **Expedited assessment status determination**: The document upload functionality helps the LOC Reviewer to make a timely determination of the status of an Individual's supporting documentation and assessment status determination. • **Electronic Storage**: This functionality allows document(s) to be reviewed at any point after they are uploaded.

*** *An Individual is a person who intends to utilize the services and supports provided by Medicaid waivers and who requires case management services. An Authorized Representative for an Individual is a legal guardian, or a person who is acting on behalf of, and with written consent from an Individual. A Legal Guardian is a court-appointed adult who assumes responsibility of being guardian for a person who has been declared "legally disabled" by the court and is no longer able to care for his/her financial and/or personal needs.*

Do You Know Who Your MWMA Training Lead Is?

Each case management agency has designated an MWMA Training Lead to help facilitate learning among case managers. Training Leads serve as the primary contact for their agencies' MWMA training-related matters and requests from the Implementation Team. In addition, Training Leads serve as their agency's in-house MWMA trainer providing training for new hires and refresher training to existing staff as needed.

If you have questions about MWMA training, please feel free to reach out to your agency's Training Lead. If you're not sure who your Training Lead is, you can request this information from the MWMA Implementation Team at WCM_Implementation@ky.gov.

Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

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- MWMA Fact Sheet
- MWMA-TRIS Training Portal
- MWMA Overview Presentation
- kynect
- Department for Medicaid Services

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Medicaid Waiver Management Application

Project Information Bulletin

March 20, 2015 (4th Edition)

The Medicaid Waiver Case Management Application (MWMA) Information Bulletin is a periodic publication providing MWMA stakeholders and users with important project updates and information related to the MWMA implementation.

In this issue . . .

Important Announcements | **Project Updates** | **An Important Announcement from the Cabinet** | **MWMA Roadmap** | **Spotlight on . . . *Completing and Submitting a Plan of Care*** | **Helpful Links and Resources**

Important Announcements

Cabinet Issues MWMA Overview Statement. The Cabinet for Health and Family Services has developed a special message to help address some of the frequently asked questions around MWMA and clarify its key objectives, functionality and intended users. The statement is located here.

The Medicaid Partner Portal is Now Live. Medicaid waiver providers should have received a recent email invitation from the Department for Medicaid Services to begin the Kentucky Medicaid Partner Portal registration process. The Kentucky Medicaid Partner Portal is a web-based portal that replaces the paper-based enrollment processes for Medicaid providers. All Medicaid waiver provider agencies must be set up in the Medicaid Partner Portal before they can gain access to the Medicaid Waiver Management Application**.** For more information on the Medicaid Partner Portal, please visit the Medicaid Partner Portal Information Page.

Space is Still Available in Classroom Training Sessions. There is still space available in some of the remaining MWMA classroom training sessions. Remember to sign up for your desired session as soon as possible as each class has a limited number of available seats. Only those individuals whose names and email addresses were submitted via the Training Participant Rosters will be able to register for training. If your name was submitted and you have not yet received an invitation or if your agency would like to submit a roster, please email the Implementation Team at WCM_Implementation@ky.gov.

Online Training Materials are Now Available. Online materials, which include self-paced web-based training courses, job aids and the MWMA user manual can be accessed at the MWMA-TRIS portal. Web-based courses, which offer simulated exercises around key system functionality can serve as a helpful resource for those looking for refreshing training after attending classroom sessions or in-depth training for those who were not able to attend classroom training.

Project Updates

Classroom Training is a Success! To date, the MWMA training team has conducted over 30 training sessions and trained more than 450 case managers. MWMA trainings serve as in-depth preparation for system users as they offer participants hands-on practice using system functionality.

MWMA Contact Center Launching Soon! Contact Center staff are currently being onboarded and trained to support incoming calls regarding MWMA issues and questions. The Contact Center phone number, which will be operational starting April 17th, will be communicated via upcoming Information Bulletins, the MWMA Information Page and other Cabinet communications.

MWMA Overview Statement

The Cabinet has developed the following statement to provide clarification around the goals and objectives of the Medicaid Waiver Management Application, the system's key users and the functionality it will offer these users.

The Cabinet for Family and Health Services (CHFS) is continuing to improve the existing Home and Community Based Service (HCBS) programs. To guide these improvements, CHFS has identified seven improvement objectives:

1. Streamline how individuals and authorized representatives access and apply for services (i.e., No Wrong Door).
2. Provide a portal for individuals and or their representatives to access their information and to review and approve timesheets electronically.
3. Ensure the right people are being enrolled in the right programs.
4. Once enrolled, ensure individuals are receiving the services they need.
5. Optimize the sharing of information about individual care needs among authorized direct providers thereby reducing paperwork.
6. Allow for more timely authorization of services and eliminate faxing.
7. Implement the Final Rules issued by CMS for HCBS Waiver Programs.

Several initiatives are underway to meet these objectives. One such initiative is the implementation of the Medicaid Waiver Management Application (MWMA) which includes system functionality that will evolve over time. There are three timeframes for MWMA deployment to users:

1. Upon the first release (planned for April 17th) of the application, the MWMA will be used exclusively by Case Managers, Quality Improvement Organization (QIO) staff, and CHFS staff. This release addresses key objectives of ensuring the right individuals are enrolled in HCB waiver programs and are receiving the right services.
2. As of the second release (planned for December 2015), direct service providers will have the ability to access MWMA to view level of care and plan of care details and enter and submit incident reports (provider portal), but will not have further access. In addition, this second release will add functionality to support Participant Directed Services (PDS).
3. As part of the Commonwealth's long-term vision, MWMA will integrate with the Kentucky Health Information Exchange (KHIE), offering authorized case managers and service providers' greater access to share health information for individuals they serve.

MWMA will not eliminate the need for an Electronic Medical Record (EMR) system. In addition, MWMA will not include billing services needed to submit claims to CHFS for payment nor eliminate the need for those system capabilities

existing in agencies. MWMA supports the No Wrong Door concept by allowing those involved in an individual's care the ability to see the identified service needs (case plans, prior authorization, etc.) and supporting documents. The KHIE interface will allow vital health information to be shared to promote effective patient care. The goal is to allow providers

MWMA Roadmap

to share documents and structured data utilizing the KHIE by 2016.

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Spotlight on . . . *Completing and Submitting a Plan of Care*

Like other Medicaid waiver processes, Plan of Care (POC) development and management will be supported by MWMA upon the April 17th release. The Plan of Care functionality offered by MWMA is designed to enhance and streamline activities around the creation, submission and review of plans of care. POC tools will support person-centric planning in which an Individual's plan of care is developed to meet his/her unique needs.

Plan of care development will be facilitated in MWMA by a series of screens where case managers perform such actions as enter goals, add services, relate goals to services, enter service units and rates, select service providers, enter service needs outcomes, and upload supporting documentation. Once an Individual's plan of care details are submitted in MWMA, authorized users, including Plan Reviewers (Carewise Health), will have the ability to access this information in real time. Plan of Care is further streamlined by the automated task hand off that occurs between users. For example, Plan Reviewers will receive system-generated tasks to review submitted plans of care and case managers will receive tasks when additional documentation or information is requested by Plan Reviewers before prior authorizing services.

In addition to creating and submitting plans of care, Case Managers will also be able to complete and submit waiver-specific documentation (e.g., Transition Plans, Crisis Prevention Plans, Individual Narratives) through MWMA. This

particular functionality will replace the paper-based documents that are currently attached to the MAP form during POC submission.

The table on the following page highlights the major benefits provided by MWMA's Plan of Care functionality.

MWMA Features/Functionality	Examples of Benefits
Task Management	POC-related tasks are automatically generated in MWMA for: • The assigned Case Manager/ Supervisor to create and submit the initial plan of care • The assigned Case Manager/ Supervisor if revisions are needed • The assigned Case manager/ Supervisor when it is time to initiate annual recertification • The Case Supervisor to review the plan of care (Only if this currently occurs within your agency) • The Plan Reviewer to review the plan of care • The Case Management Administrator** to review the plan if there is an exceptional unit/rate or provider conflict Benefits of this functionality include: • Ability to track and monitor an Individual's Plan of Care and Prior Authorization status in real time • Automated reminders around key tasks (e.g., annual recertification) • Minimized communication delays which help expedites service delivery
Electronic Plan Details Submission	MWMA enables Case Managers/ Supervisors to submit Plan of Care details electronically. Benefits of the electronic details submission functionality include: • **Submission of complete service details:** An Individual's service are only able to be submitted once all required fields have been entered (e.g., service frequency and service units) Also, the service dates cannot surpass the level of care end date. • **Expedited Prior Authorization decisions**: The electronic details submission functionality allows the Plan Reviewer to view plan details instantly after being submitted by the Case Manager/ Supervisor.
Electronic Document Submission	MWMA incorporates a document upload functionality which allows Case Managers/ Supervisors to electronically attach documents as part of an Individual's Plan of Care. Benefits of the electronic document submission functionality include: • **Expedited prior authorization decisions**: The document upload functionality helps the POC Reviewer to make a timely decision surrounding the prior authorization of services. • **Electronic Storage**: This functionality allows document(s) to be reviewed at any point after they are uploaded.

*** A Case Management Administrator is a Cabinet for Health and Family Services representative who reviews a plan of care if there is an exceptional unit/rate or provider conflict.*

Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

- MWMA Information Page
- MWMA Frequently Asked Questions
- MWMA Fact Sheet
- MWMA-TRIS Training Portal
- MWMA Overview Presentation
- kynect
- Department for Medicaid Services

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Medicaid Waiver Management Application

Project Information Bulletin

April 13, 2015 (5th Edition)

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Important Announcements | Project Updates | MWMA Roadmap | Spotlight on . . . *Transitioning Individuals Into MWMA* | Helpful Links and Resources

Important Announcements

Onboarding Webinar Sessions to be Held This Week: The Implementation Team will host webinar sessions to walk through the MWMA onboarding process for Organization Administrators and agency users. Case managers are encouraged to attend one of the following sessions:

- **Tuesday April 14th- 9:30-10:30am EST**
  - https://deloittemeetings.webex.com/deloittemeetings/j.php?MTID=m2e64ffb99a7141265407 01a6cbd2dfd0
  - Conference Line: 1.615.209.7444 Conference ID: 93685939
- **Wednesday April 15th- 1:00-2:00pm EST**
  - https://deloittemeetings.webex.com/deloittemeetings/j.php?MTID=m1ac2f1721656c7b56cc977f9bb3eb139
  - Conference Line: 1.615.209.7444 Conference ID: 77515151
- **Thursday April 16th -11:00-12:00pm EST**
  - https://deloittemeetings.webex.com/deloittemeetings/j.php?MTID=m303e5faa10294c1b0644ec27394ae291
  - Conference Line: 1.615.209.7444 Conference ID: 25891040

The meeting password for each webinar is mwma.

Case Management Agency Readiness Survey Deadline Extended to April 13th: The Agency Readiness Survey is designed to help CHFS assess agencies' readiness for the MWMA implementation on 4/17. The current survey serves as a follow up to Part I which was distributed in March. Only one individual from each agency should complete the readiness survey. For agencies that did not complete Part I, they will have the opportunity to answer previous survey questions in addition to new questions. The Agency Readiness Survey-Part II can be accessed here.

Implementation Team Launches MWMA Go-Live Readiness Communications: Go-live communications provide targeted information to help end users prepare for the launch of MWMA. The first communication, which provides an overview of MWMA training resources, was distributed last week. Future topics include:

- MWMA Contact Center details;
- Agency readiness checklist;
- Start/Stop/Continue activities; and
- System work arounds.

Project Updates

Carewise and CHFS Staff Participate in Classroom Training: Classroom trainings were recently held for additional MWMA users groups—Carewise and CHFS staff. These day-long training sessions focused on core activities that staff from these organizations will support using MWMA. Carewise and CHFS staff will continue to train individuals across their respective organizations up until Go-Live and on an as-needed basis afterwards. In addition, all users will have access to online training materials available on the MWMA-TRIS Training Portal.

Classroom Training for Case Managers Wraps Up: Last week marked the end of classroom training for case managers. To date, the MWMA training team has trained **824** agency users and facilitated **54** sessions across **13** different training sites. Many thanks to all of the participants who attended, particularly for their input and questions. The Implementation Team is currently updating the MWMA FAQs (frequently asked questions) based on feedback and questions offered during training sessions. Updated FAQs will be posted to the Information Page and the MWMA-TRIS Portal.

MWMA Roadmap

The MWMA implementation will occur across two releases. The initial release is scheduled for Spring 2015 and the second release is scheduled for December 2015.

The Roadmap below highlights key milestones and goals for a successful implementation of the initial MWMA release.

Identify Application Requirements	Develop and Test Application	Train MWMA Users	Go-Live (1st Release)
Nov 2013-Jan 2014	**Jan 2014-February 2015**	**Oct 2014- April 2015**	**Spring 2015**
☑ Perform analysis of existing business processes	☑ Conduct design sessions with CHFS staff	☑ Schedule classroom training	■ Establish user IDs for accessing MWMA
☑ Define future business processes	☑ Build application	☑ Register participants in classroom training	■ Communicate go-live preparedness activities & requirements
	☑ Plan testing activities	☑ Distribute training materials to MWMA users	☐ Distribute toll-free help desk number
	☑ Perform testing	☑ Conduct classroom training	☐ Launch MWMA solution
	☑ Launch user acceptance testing		

■ = In Progress

Spotlight on . . . *Transitioning Individuals into MWMA*

MWMA offers two points of system entry for Medicaid waiver enrollees:

- The first point is the application intake process in which an Individual (who isn't currently enrolled in a Waiver program) applies for Medicaid waiver services. From that point on, the Individual's records are stored in MWMA.
- The second point of entry is for those Individuals who are already receiving waiver services. Information for these Individuals will not be stored in MWMA when the system goes live. Case management agencies will need to follow the MWMA transition process to enter these individuals in MWMA.

Provided below is a summary of the transition process and the expectations regarding the timeframe for transitioning currently enrolled Individuals into MWMA. More details can be found in the training materials also noted below.

Each case management agency will be responsible for initiating the transition process for all of the currently enrolled waiver individuals to whom they provide case management services. The transition process, which consists of a few simple screens in MWMA, takes about five minutes per Individual. Case management agencies will have a three month period, April 20th-July 20th, to transition Individuals.

In certain circumstances, Individuals should not immediately be transitioned into MWMA. These circumstances depend on whether an Individual's level of care end date is approaching. The following table outlines the processes agencies should follow when completing the reassessment/renewal and transition processes.

If an Individual's level of care end date is . . .	The reassessment/renewal and transition processes should occur as follows:	And ongoing case management and plan of care management activities (after Transition) should occur as follows:
On or Before June 30th, 2015	**1.** Perform the Annual Level of Care Reassessment and Plan of Care Renewal using current processes and forms (outside of MWMA). **2.** Transition the Individual into MWMA after the Annual Level of Care Reassessment and Plan of Care Renewal has been completed. The transition needs to be completed by July 20, 2015.	• Plan of care modifications/updates are managed using current processes and forms (outside of MWMA) until the Individual's next reassessment date in 2016. • Other case management activities (e.g. case notes, case transfers etc.) are performed within MWMA. • The subsequent Level of Care Reassessment and Plan of Care Renewal (in 2016) will be done within MWMA.
After June 30th, 2015	**1.** Transition the Individual into MWMA. **2.** Perform the Annual Level of Care Reassessment and Plan of Care Renewal using MWMA. **Note:** Please complete the transition to MWMA at least 30 days prior to the Reassessment date, or July 20th whichever comes first. Modifications/updates made to the existing plan of care before the transition need to be managed using current processes and forms (outside of MWMA).	• The new plan of care is created, reviewed and managed within MWMA. • Plan of care modifications/updates are managed within MWMA. • Other case management activities (e.g. case notes, case transfer etc.) are performed within MWMA.

The Transition approach offers the following benefits for case management agencies:

- The three month window provides adequate time for agencies to manage the transition to MWMA.
- Agencies must follow the current processes for Individuals whose annual assessments/renewals are close to the system launch. This enables the agencies to familiarize themselves with the new processes without risking interruption of services for these individuals.

A number of training materials are available and provide detailed guidance on how to initiate a transition. These materials include the following:

- **Web-based Training Course-** *Transitioning Individuals Into the Medicaid Waiver Management Application*
- **Job Aid:** *Transitioning an Individual*
- **MWMA User Guide-**Section 8: *Transitioning Individuals Into MWMA*

Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

- MWMA Information Page
- MWMA Frequently Asked Questions
- MWMA Fact Sheet
- MWMA-TRIS Training Portal
- MWMA Overview Presentation
- kynect
- Department for Medicaid Services

The MWMA Implementation Team wants to hear from *you*! Contact us and let us know what you think about this bulletin.

Medicaid Waiver Management Application

Project Information Bulletin

August 12, 2015 (6th Edition)

The Medicaid Waiver Case Management Application (MWMA) Information Bulletin is a periodic publication providing MWMA stakeholders and users with important project updates and information related to the MWMA implementation.

In this issue . . .

Important Announcements

System Tips & Reminders

MWMA Roadmap

Spotlight on . . . Performing Case Management Activities in MWMA

Helpful Links and Resources

Important Announcements

MWMA is a Success Across the Commonwealth: The Medicaid Waiver Management Application (MWMA) has seen significant growth since its launch three months ago. As of August 11th:

- 1,217 users have on boarded from 157 case management organizations
- 18,757 Individuals have been transitioned into MWMA
- 356 screening applications have been entered into MWMA

The Transition Deadline Has Been Extended: Case Managers now have until August 17th to transition Individuals into MWMA. Please note that if an Individual has an LOC end date on or before August 17th, the case manager has the option to complete the level of care (LOC) reassessment and plan of care (POC) renewal using pre-MWMA forms or processes or using MWMA. Additional guidance on completing transitions and LOC reassessments and POC renewals can be found here.

System Tips & Reminders

System Requirements: Please note that the following requirements for onboarding and accessing MWMA:

- MWMA is supported by the following internet browsers:
  - Internet Explorer (IE) 8 and above
  - Chrome
  - Mozilla
- The VIP Access software is required to onboard and access MWMA. If you are unable to download, install or use the VIP Access software on your machine, contact the department or Individual who has administrative network rights for assistance.

System Tips & Reminders (Cont'd)

Helpful Tips

- **Uploading Documentation:** When uploading documentation categorized as "other", please be sure to provide a description of the document(s) in the Comments section. This will help later in identifying uploaded documents.
- **Searching for Individuals (using their MAID):** Individuals may have both an active MAID and one or more inactive MAIDs. MWMA only stores one MAID for each Individual. Therefore, if you are unsuccessful in searching for an Individual using a MAID, please try searching for the Individual again using different criteria (e.g., first name/last name, SSN, etc.).
- **Viewing Documents**: When you click on the link to view a document it may not immediately appear. If the document has not appeared after a minute or so, click on the X in the upper right hand corner where the document is trying to appear (which closes that attempt) and click on the link again.

Update on System Errors:

- **Case Notes:** Users may have previously encountered error messages when attempting to enter case notes via the Create Case Note task function. This issue has been resolved. Users can now enter case notes manually or through a Create Case Note task on their dashboard.

MWMA Roadmap

The second MWMA release is scheduled for Winter 2015.The Roadmap below highlights key milestones and goals leading up to this release.

Go-Live (1st Release)	Develop and Test Application	Train MWMA Users	Go-Live (2nd Release)
Spring 2015	**June 2015-August 2015**	**September-November 2015**	**Winter 2015**
☑ Launch MWMA solution (Initial Release)	☑ Plan testing activities	☐ Register new users for MWMA Training Portal access	☐ Establish user IDs for new users
☑ Onboard MWMA users	■ Perform testing	☐ Distribute training materials to MWMA users	☐ Communicate go-live preparedness activities & requirements
	■ Complete MWMA transitions		☐ Launch MWMA Release 2 functionality
	☐ Launch user acceptance testing		

■ = In Progress

Spotlight on . . . *Performing Case Management Activities in MWMA*

You have onboarded to MWMA, transitioned your caseload and have even submitted a few plans of care . . . *now what*? Well, now you are able to leverage the vast array of system tools and functionality designed to help streamline the delivery of waiver services to your clients. In fact, once an Individual has been transitioned into MWMA, case managers should begin to immediately perform case management activities within MWMA.

The Medicaid Waiver Management Application supports the entire case management cycle from initial agency and case manager assignment all the way through program closure requests. Having this centralized resource in place offers case managers comprehensive access to an Individual's case management services.

The table below highlights the case management functions available in MWMA and the specific activities supported by each function. Detailed guidance on case management functionality can be found in the following training materials:

- **MWMA User Guide:** Chapter 8-Performing Waiver Case Management
- **Web-based Training:** Course 7- Performing Waiver Case Management

Relevant Job aids are identified for each function in the following table.

Case Management Function	Description
Initial Case Assignment	MWMA facilitates the case assignment process by allowing case supervisors to assign case management agencies and case managers to Individuals. In addition, authorized users can view an Individual's case assignment history. The case management agency assignment process can be initiated once an Individual's level of care has been marked "met" and they select a specific case management agency to provide case management services or request assistance from CHFS. **Helpful Tip:** When searching for case managers to assign to an Individual**,** selecting the "View All Employees" checkbox allows the user to see the caseload size for each case manager and case supervisor within their agency. **Job Aid:** Initial Case Assignment Quick Reference Guide
Caseload Management	Caseload management functions involve the process of performing case management activities for Individuals enrolled in Medicaid waiver programs. This functionality allows case supervisors to: • Associate case managers to case supervisors*; • Perform internal and external case transfers; • View caseload details for case supervisors and case managers within their case management agency (case managers can also view caseload details for other case managers). **Once a case manager has onboarded to MWMA, a case supervisor from their agency must associate the case manager to a case supervisor via the Manage Agency Relationships screen.* **Helpful Tip:** Case supervisors can select the "View Assigned Case Managers" on the Quick Links menu to view all case managers assigned to them. **Job Aids:** Managing Intra-Agency Relationships Quick Reference Guide, Performing Case Transfers Quick Reference Guide
Case Note Management	Once an Individual is assigned to a case manager, the case manager can begin creating and submitting case notes on behalf of that Individual. **Note that upon transitioning an Individual into MWMA, you can begin entering case notes for that Individual immediately.** In addition to creating new case notes, case managers also have the ability to search existing case notes. Users have the option to search for a specific case note or a general timeframe to view multiple case notes. Case managers should also note that in instances where required case notes have not been submitted in MWMA, built-in system checks will trigger a task at the end of each month prompting the case manager for their entry. **Helpful Tip:** Saving a case note without submitting it allows the case manager to make updates/edits to that case note. Once a case note is submitted, edits cannot be made. **Job Aids:** Case Notes Quick Reference Guide
Program Closure	Case managers can now submit and manage program closures* through MWMA as well as record an Individual's inability to access services. This MWMA functionality replaces the use of the MAP-24 and MAP-24c previously used to record these activities. **If a program closure is submitted by a case manager, the assigned case supervisor must approve the program closure before it can be processed in MWMA.*

Case Management Function	Description
	Helpful Tip: As best practice, always future-date the effective closure date. In the event that a change needs to be made, the case supervisor is able to delete the request before the effective closure date. **Job Aids:** Performing Program Closures Quick Reference Guide, Inability to Access Services Quick Reference Guide

Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

- MWMA Information Page
- MWMA General Frequently Asked Questions
- MWMA Fact Sheet
- MWMA-TRIS Training Portal
- MWMA Overview Presentation
- kynect
- Department for Medicaid Services
- MWMA Onboarding Frequently Asked Questions

The MWMA Implementation Team wants to hear from *you*! Contact us and let us know what you think about this bulletin.

Medicaid Waiver Management Application

Project Information Bulletin

October 8th, 2015 (7th Edition)

The Medicaid Waiver Case Management Application (MWMA) Information Bulletin is a periodic publication providing MWMA stakeholders and users with important project updates and information related to the MWMA implementation.

In this issue . . .

Important Announcements	System Tips & Reminders	MWMA Roadmap	Spotlight on . . . *What's New in the Winter Release*	Helpful Links and Resources

Important Announcements

MWMA reaches an 85% adoption rate! This means the majority of waiver case managers have onboarded and begun to integrate MWMA into their daily functions*. As of September 29th:

- 1,287 users have on boarded from 162 case management organizations
- 20,831 Individuals have been transitioned into MWMA
- 647 screening applications have been entered into MWMA

**If your agency has not onboarded to MWMA, please do so immediately. For onboarding questions or issues, contact the Contact Center at* 1-800-635-2570.

Updated MWMA User Guide and New Job Aid Available on Training Portal: Version 5 of MWMA User Guide includes updates to *Section 6: Performing an LOC Assessment, Section 11: Performing an LOC Reassessment* and new guidance on the POC modification process. A new job aid on the POC modification process is also available on the Portal. MWMA users who do not have access to the Training Portal can request access by sending an email to MWMA mailbox at wcm_implementation@ky.gov.

New Protocol for Updating Address and Contact Details in MWMA: Case managers should direct Medicaid waiver participants and/or their Authorized Representatives to contact one of the following organizations to report changes to a waiver participant's personal information (e.g., name, address, date of birth):

- **(if the Individual receives Medicaid through Social Security Income benefits)**- the Individual's local Social Security Office and the Department for Community Based Services (DCBS) at 855-306-8959 or;
- **(if the Individual does not receive Medicaid through Social Security Income benefits)**- the Department for Community Based Services (DCBS) at 855-306-8959

Once the appropriate records are updated, changes will be automatically reflected in MWMA.

System Tips & Reminders

Helpful Tips:

- **Assistance with MWMA:** If you are encountering technical issues, system error messages, or have general questions about MWMA, please contact the MWMA/Partner Portal Contact Center. Representatives are available Monday- Friday from 8 a.m. to 5 p.m. Eastern Time and can be reached at 1-800-635-2570. (After the DMS welcome message plays, press "1", "6" and "2" to be transferred directly to the MWMA Contact Center.)
- **Locating Service Providers in MWMA:** Case managers should also call the Contact Center if they are unable to locate a service provider in MWMA when completing a plan of care.
- **Submitting Annual Reassessments:** When submitting reassessment results, case managers should select "Annual Reassessment" as the assessment reason on the ***Level of Care Agency Assignment*** screen. Users can navigate to the ***Level of Care Agency Assignment*** screen by clicking the **LOC Assessment Agency Selection** link from the Quick Links menu of the *Dashboard* screen.

Update on System Errors:

- **Case Manager in Training Log-in:** Users assigned to the Case Manager in Training role encountered server errors when attempting to log into MWMA via the Self Service Portal (SSP). These users can now access MWMA through SSP.

MWMA Roadmap

Additional MWMA functionality will be made available in Winter 2015.The Roadmap below highlights key milestones and goals leading up to this release.

Go-Live (1st Release)	Develop and Test Application	MWMA User Education	Go-Live
Spring 2015	**June 2015-August 2015**	**September-November 2015**	**Winter 2015**
☑ Launch MWMA solution (Initial Release) ☑ Onboard MWMA users	☑ Plan testing activities ☑ Perform testing ☑ Complete MWMA transitions ■ Launch user acceptance testing	☐ Register new users for MWMA Training Portal access ☐ Distribute education materials to MWMA users	☐ Establish user IDs for new users ☐ Communicate go-live preparedness activities & requirements ☐ Launch new MWMA functionality

■ = In Progress

Spotlight on . . . *What's New in the Winter Release*

Winter 2015 Functionality

Additional MWMA functionality is slated for Winter 2015 to support Medicaid waiver programs. Some of this functionality will expand upon the processes already supported through MWMA including application intake, eligibility determination and level of care assessments. Other MWMA functional additions include: incident reporting and participant directed services timesheet management.

The table on the following page provides a general overview of the new functionality available to users as of December 2015.

Expansion of MWMA Functionality in December 2015	
Functionality	**Overview**

Application Intake/Screening	• The integration of kynect and MWMA will allow for a synchronized Medicaid and Medicaid waiver application process.
	  o Individuals will have the ability to initiate Medicaid waiver screening applications through kynect
	  o DCBS caseworkers will have the ability to initiate Medicaid waiver applications on behalf of Individuals
	  o Case managers and direct service providers will have the ability to complete Medicaid applications on behalf of Individuals in parallel with the Medicaid waiver application screening process

Eligibility Determination	• Medicaid eligibility and Medicaid waiver eligibility determination will be supported by a single system; Individuals and case managers can view Medicaid eligibility details and status in MWMA. • Active Medicaid waiver wait lists will be managed within MWMA. Capacity Reviewers will have the ability to place Individuals on applicable wait lists and view an Individual's wait list status. • Capacity management administration will also be supported by MWMA allowing for the adjustment of capacity slots and yearly baseline periods and the addition of new baseline categories.
Level of Care Assessment	• Assessment tools used for some waiver programs will be integrated into MWMA, allowing assessors to complete assessment questionnaires directly in the system.

New Functionality in MWMA as of December 2015	
Functionality	**Overview**
Prescreening	• Individuals will have the ability to use the kynect pre-screening tool to view their potential eligibility for Medicaid waiver programs.
Incident Management	• MWMA will support a common incident management process across all waiver programs. Incidents will be logged, tracked and processed in MWMA.
Participant Directed Services	• MWMA will enable Participant Directed Services employees to enter and submit timesheets online. Individuals, Case managers and financial management agencies will have to ability to approve and verify timesheets approval in MWMA.

Additional MWMA End-Users

The new functionality noted above will be used by both existing MWMA users and new users. The extent to which users access MWMA and case information will continue to be dependent on each user's specific role.

New MWMA users and the activities they will be able to perform in MWMA are detailed in the following table. Details on the MWMA onboarding process for these users will be communicated in the weeks leading to the December 2015 launch.

New Users	MWMA Capabilities
Direct Service Providers	• Initiate screening application for Medicaid waiver services on behalf of an Individual • View level of care and plan of care details • View, enter and submit incident reports • Submit service notes
Participant Directed Services (PDS) Employees	• Initiate screening application for Medicaid waiver services on behalf of an Individual • Enter, edit and submit electronic timesheets

New Users	MWMA Capabilities
	• Enter and submit incident reports
Financial Management Agencies	• Review and verify Participant Directed Services (PDS) employee timesheets
Individuals (includes Authorized Representatives, State Guardians & Legal Guardians)* **will have self-service access via the kynect platform*	• Prescreen for potential eligibility for Medicaid waiver programs • Apply for Medicaid waiver services • Track Medicaid waiver enrollment status • View level of care and plan of care details • View correspondence and documentation • View and approve Participant Directed Services (PDS) employee timesheets

MWMA Education Resources

Existing MWMA education materials including the MWMA User Guide, web-based training courses, and job aids will be updated to include MWMA Release 2 functionality. These materials will be available via the MWMA-TRIS training portal in the weeks prior to the December 2015 launch.

As a reminder, access to the MWMA TRIS portal is available to registered users*. If you are not a registered TRIS user, and would like access, submit your name and email address to the Implementation Team at wcm_implementation@ky.gov. You will be contacted by EKU to initiate the TRIS registration process.

**Direct Service Providers, PDS Employees and Financial Management Agency staff will be provided access to TRIS once new materials become available. Details on the registration process for these users will be communicated within the new few months. In addition, educational materials will be available to Individuals and Families using the kynect portal.*

Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

- MWMA Information Page
- MWMA General Frequently Asked Questions
- MWMA Fact Sheet
- MWMA-TRIS Training Portal
- MWMA Overview Presentation
- kynect
- Department for Medicaid Services
- MWMA Onboarding Frequently Asked Questions

The MWMA Implementation Team wants to hear from *you*! Contact us and let us know what you think about this bulletin.

Medicaid Waiver Management Application

Project Information Bulletin

November 27, 2015 (8th Edition)

The Medicaid Waiver Case Management Application (MWMA) Information Bulletin is a periodic publication providing MWMA stakeholders and users with important project updates and information related to the MWMA implementation.

In this issue . . .

Important Announcements | **System Tips & Reminders** | **MWMA Roadmap** | **Spotlight on . . . *Waiver Intake in the New Release*** | **Helpful Links and Resources**

Important Announcements

The Cabinet Releases Statement on Data Security and Privacy: As a reminder, the Kentucky Cabinet for Health and Family Services (CHFS) would like to re-enforce our position that the protection of every individual's privacy is of utmost importance to CHFS. In the deployment of new systems we work closely with our systems teams and vendors to implement and test security measures that prevent the inadvertent exposure of personally identifiable information (PII) and protected health information (PHI).

In addition, we realize that we cannot do this alone and we greatly appreciate your assistance. All Medicaid providers who have access to individuals' records are bound by legal agreement to protect all PHI in compliance with HIPAA and state information security laws. In addition, we encourage you to call the Contact Center immediately should you experience any concerns related to the security or privacy of an individual's PII or PHI. Doing so will help us to continue to prevent privacy issues.

Turnaround for submitted applications, level of care assessments, and plans of care continues to improve. The average review periods as of October 26th are as follows:

- Application Review-2.7 days
- Level of Care Review-1 day
- Plan of Care Review -1.7 days

New MWMA Tip Sheets Now Available: The MWMA Implementation Team has developed the following tip sheets to help clarify key details around common system functionality:

- Accessing *My Tasks* and *Queue Tasks*
- Initiating *Program Closures* and *Case Transfers*
- Accessing *Tasks and Notifications*

In addition to these resources, the ***MWMA Task Tip Sheet*** is also now available. The *Task Tip Sheet* is an index of system generated tasks in the Medicaid Waiver Management Application (MWMA).

These tip sheets can be accessed via the MWMA Training Portal. If you are not a registered TRIS user, and would like access, submit your name and email address to the Implementation Team at wcm_implementation@ky.gov.

System Tips & Reminders

Helpful Tips

- **Assistance with MWMA:** If you are encountering technical issues, system error messages, or have general questions about MWMA, please contact the MWMA/Partner Portal Contact Center. Representatives are available Monday- Friday from 8 a.m. to 5 p.m. Eastern Time and can be reached at 1-800-635-2570. (After the DMS welcome message plays, press "1", "6" and "2" to be transferred directly to the MWMA Contact Center.)

Update on System Errors:

- Tasks were not transferring to new case managers following an internal case transfer. This issue has been resolved. New case managers now are able to access all tasks for transferred individuals.
- Some Individuals were not displaying under their assigned case manager's caseload. This issue has been resolved. Each case manager's caseload displays all assigned Individuals.

System Updates

- **Document Size Increase:** The size limit for uploaded documents to MWMA is now **5mb**.

MWMA Roadmap

Additional MWMA functionality will be made available on December 28th.The Roadmap below highlights key milestones and goals leading up to this release.

Go-Live (1st Release)	Develop and Test Application	MWMA User Education	Go-Live
Spring 2015	**June 2015-August 2015**	**September-November 2015**	**Winter 2015**
☑ Launch MWMA solution (Initial Release) ☑ Onboard MWMA users	☑ Plan testing activities ☑ Perform testing ☑ Complete MWMA transitions ■ Launch user acceptance testing	☐ Register new users for MWMA Training Portal access ☐ Distribute education and reference materials to MWMA users	☐ Establish user IDs for new users ☐ Communicate go-live preparedness activities & requirements ☐ Launch new MWMA functionality

■ = In Progress

Spotlight on . . . Waiver Intake in the New Release

The initial release of the Medicaid Waiver Management Application helped streamline many of the processes which support Medicaid waiver programs including waiver intake, level of care assessments, plan of care management, and case management activities. The second MWMA release, which goes live in Winter 2015, will include new functionality as well as enhancements to existing functions. Among these enhancements are updates to the waiver intake process, as follows:

- The Medicaid waiver screening/intake process will operate as a single streamlined application;
- The Application Initiator role will be expanded to new MWMA users; and

- Individuals (including Legal Guardians and Authorized Representatives) will have the ability to initiate Medicaid waiver screening applications through kynect.

The questions and answers below highlight the changes around waiver intake in additional detail.

MWMA Application Intake Q&A

Q: Why has the Cabinet decided to integrate waiver intake with the Medicaid application process?

A: A synchronized Medicaid and Medicaid waiver intake process helps meet the Cabinet's objective of streamlining access to care for Individuals and families. The integrated application will help to decrease service delays and will offer case managers and Individuals greater visibility into the waiver intake process, specifically around an Individual's Medicaid eligibility status.

Q: What additional information will Application Initiators need to collect as part of the integrated application?

A: If an Individual applying for Medicaid waiver services has not yet been determined Medicaid eligible, the Application Initiator will complete Medicaid intake screens in addition to waiver intake screens. Medicaid intake screens collect general demographic details, income, expense, and medical information for all members of the Individual's household.

If an Individual applying for Medicaid waiver services has already met Medicaid eligibility, the Application Initiator will only complete the waiver intake screens (i.e., the same intake screens completed today).

Q: When will the integrated Medicaid waiver/Medicaid application go into effect?

A: Application Initiators will begin using the integrated Medicaid waiver screen/Medicaid application when the new MWMA release goes live in Winter 2015.

Q: Will Application Initiators also be responsible for assisting Medicaid applicants with applying for qualified health plans (QHP) and Advanced Premium Tax Credits (APTC)?

A: *As part of the Medicaid eligibility determination process, Individuals may be found eligible for tax credits and/or may wish to apply for a qualified health plan (QHP).* Case managers should direct these Individuals to registered kynect insurance agents or kynectors to complete the application process for these programs. (If an Application Initiator is a registered kynector, they can assist Individuals with the applying for tax credits and QHPs. They will need to log in to kynect with their kynect log-in credentials to do so.)

Q: Will DCBS continue to own the Medicaid eligibility determination process?

A: *As part of the integrated application, Individuals will receive an immediate update on their Medicaid eligibility status. Individuals may still need to complete an intake interview with DCBS. In addition, depending on the Individual's eligibility determination, follow-up with DCBS may be required. Additional details on the Medicaid application process can be found on the kynect website.*

Q: Who can submit waiver intake applications in the second MWMA release?

A: Anyone who can complete a Medicaid application will have the ability to complete waiver intake screens. Some of the new users in the Application Initiator role include:

- Individuals (Legal Guardian/Authorized Representative)
- Direct Service Providers
- Insurance Agents
- Kynectors/Assistors
- Kynect Contact Center Staff
- DCBS Caseworkers

Q: Will Application Initiators continue to complete and submit applications through MWMA?

A: Application Initiators who have access to MWMA in the second release (e.g., Case Managers, CHFS staff, Direct Service Providers, etc.) will log into MWMA to initiate the waiver intake process. These users will be routed to the kynect or benefind application to complete intake screens. DCBS caseworkers will initiate waiver applications through the DCBS Worker Portal. All other users (kynect Contact Center staff, kynectors/Assistors, etc.) will log directly into kynect or benefind to complete intake screens.

Q: What educational materials for the new application intake process be available to users?

A: MWMA educational materials, including web based training courses, job aids, and updated user guide content on the application intake process, will be available on the MWMA Training Portal in the weeks prior to the December launch.

Access to the MWMA TRIS portal is available to registered users*. If you are not a registered TRIS user, and would like access, submit your name and email address to the Implementation Team at wcm_implementation@ky.gov. You will be contacted by EKU to initiate the TRIS registration process.

**Direct Service Providers, PDS Employees and Financial Management Agency staff will be provided access to TRIS once new materials become available. Details on the registration process for these users will be communicated within the next few months. In addition, educational materials will be available to Individuals and Families using the kynect portal.*

Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

- MWMA Information Page
- MWMA General Frequently Asked Questions
- MWMA Fact Sheet
- MWMA-TRIS Training Portal
- MWMA Overview Presentation
- kynect
- Department for Medicaid Services
- MWMA Onboarding Frequently Asked Questions

The MWMA Implementation Team wants to hear from *you*! Contact us and let us know what you think about this bulletin.

Medicaid Waiver Management Application

Project Information Bulletin

February, 2016, (9th Edition)

We're finally here! February 29th Release 5 goes live, and this is the final Medicaid Waiver Management Application (MWMA) Information Bulletin.

In this issue . . .

Important Announcements | **System Tips and Reminders** | **MWMA Roadmap** | **Helpful Links and Resources**

Important Announcements

MWMA System Temporarily Suspended in February: Starting February 29th 2016, the Medicaid waiver and Medicaid application intake processes will be integrated within a single system being provided by CHFS. The system is called "benefind" and it is the umbrella system that MWMA sits under in support of the Medicaid Waiver programs. With this integrated capability, benefind will allow for Medicaid applications to be completed in parallel to the waiver application screening process. In addition to this integrated approach to the waiver intake, MWMA will be enhanced to allow Individuals and their Legal Guardians or appointed representatives to initiate Medicaid waiver screening applications. As part of our preparation for the upcoming MWMA release all functionality will be **temporarily suspended** in February. Please be aware of the following dates:

- **IMPORTANT! Between February 5th and February 19th (5:00pm):** All new and in-progress applications must be submitted for review. Incomplete and in-progress applications that are not completed by February 19th cannot be accessed after this date. These applications must be submitted as new applications after February 29th (7:00am). Applications submitted by February 19th will be reviewed.
- **Between February 19th (5:01pm) to February 24th (6:59pm):** New applications cannot be submitted through MWMA during this period. Providers must wait until February 29th to submit new applications.
- **Between February 24th (7:00pm) and February 29th (7:00am):** All MWMA functionality will be temporarily unavailable during this period while the new benefind system is installed.

*Please note all LOC/POC tasks submitted prior February 22nd will be completed before February 24th (7:00pm). Any LOC/POC entered on February 23rd and February 24th would not be completed until the system is back on February 29th (7:00am).

***Please Note: After careful consideration, Medicaid has chosen to discontinue the PDS Timesheet capability in the MWMA system. As a result, this functionality will be removed from the February 29th release.**

*To help avoid an "Incomplete" application determination, please ensure the following when submitting applications:

- **Provide clear and detailed responses in the comment boxes for open-ended questions**
- **Make sure that all submitted documentation is complete**

- **Provide the Application Initiator's contact details in case additional follow-up is needed**

MWMA Survey for New Users Still Open: Organization Administrators for Direct Service Providers must complete the survey to begin using MWMA in the upcoming release. The survey can be accessed here. **IMPORTANT: Only one representative per agency should complete the survey.**

New MWMA Training Materials Now Available: Training materials covering new system functionality and updates to existing functionality are now available on the MWMA Training Portal. Materials include the MWMA User Guide, job aids, tip sheets and the web-based training courses. As a reminder, individuals must be registered TRIS users to access the training portal. Access to the Training Portal can be requested by sending your name and email address to the MWMA mailbox at MedicaidPartnerPortal.info@ky.gov.

System Tips & Reminders

- **Completing waiver applications in MWMA:** It is important to be **VERY** thorough in responses to the waiver application questions so that reviewers have as much information as possible to make appropriate determinations. Complete documents must accompany the application. Often reviewers have questions, so including contact information (name, phone number, and email address) of a case manager or other person completing the application will aid in being able to seek information to complete the review.
- **Submit program closure requests for anyone no longer in the waiver:** MWMA is designed for Capacity Management of each waiver, which means the number of people in each waiver and the number who can be added to the waiver. In order to have accurate counts, it is important to submit the program closure request timely when anyone leaves the waiver. Case Managers; please review your case management listing. If there is anyone listed who is no longer in the waiver, please submit a program closure request. To do so, from your dashboard, click on "Case Management" toward the top of your screen. Then click on Program Closure, search for the Individual and submit the program closure request. For more complete information, refer to the Performing Program Closure Job Aid in the MWMA Training Portal. Note: When an individual transfers to another agency but is still in the waiver, the process is a case transfer, not a program closure. For more information regarding case transfer, refer to the Case Transfer job aid in the MWMA Training Portal.
- **Uploading documents:** The size of documents that can be uploaded is 5MB. Instructions for converting documents to PDF can be found here: http://www.wikihow.com/Convert-a-Microsoft-Word-Document-to-PDF-Format
- **Assistance with MWMA:** If you are encountering technical issues, system error messages, or has general questions about MWMA, please contact the MWMA/Partner Portal Contact Center. Representatives are available Monday- Friday from 8 a.m. to 5 p.m. Eastern Time and can be reached at 1-800-635-2570. (After the DMS welcome message plays, press "1", "6" and "2" to be transferred directly to the MWMA Contact Center.) The Contact Center can also be reached at **MedicaidPartnerPortal.info@ky.gov**.
- **MWMA Task Tip Sheet Now Available:** As a reminder, MWMA users can now reference the MWMA Task Tip Sheet for details on system-generated tasks including a breakdown of who is responsible for completing tasks and required actions for completing and closing tasks. The Task Tip sheet is located in the Job Aids section of the **MWMA Training Portal**.
- **System-Generated Correspondences:** Correspondences (e.g., LOC Assessment Agency Selection) now include the date the correspondence was generated.
- **Case Notes Search Results:** Case note search results are now retained when users navigate across different screens. Users are no longer required to re-enter search criteria when navigating back to the Case Notes Search screen.

MWMA Roadmap

Additional MWMA functionality will be made available February 29th.The Roadmap below highlights key milestones and goals leading up to this release.

Go-Live (1st Release)	Develop and Test Application	MWMA User Education	Go-Live
Spring 2015	**June 2015-August 2015**	**December 2015-February 2016**	**February 2016**
☑ Launch MWMA solution (Initial Release) ☑ Onboard MWMA users	☑ Plan testing activities ☑ Perform testing ☑ Complete MWMA transitions ☑ Launch user acceptance testing	■ Register new users for MWMA Training Portal access ■ Distribute education and reference materials to MWMA users	☐ Establish user IDs for new users ☐ Communicate go-live preparedness activities & requirements ☐ Launch new MWMA functionality.

■ = In Progress

Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

- What are Medicaid Waiver Services?
- MWMA Information Page
- MWMA Frequently Asked Questions
- MWMA-TRIS Training Portal
- MWMA Fact Sheet
- MWMA Overview Presentation
- kynect
- Department for Medicaid Services

MWMA Information Bulletin February 2017

Announcements:

Welcome to the Medicaid Waiver Management Application (MWMA) Information Bulletin! These bulletins provide insight into using MWMA to help you as you support individuals in the Home and Community Based Services (HCBS) Waiver programs. The content reflects feedback we have received and helps to address common misunderstandings about using MWMA.

We are committed to your success in supporting individuals. As part of our commitment, we are launching formal MWMA Adoption support this spring. We have a variety of opportunities for you to learn more about the system and gather helpful tips and information.

There are three sections of the bulletin: **MWMA 101**, **System Updates**, and **Helpful Tips**.

MWMA 101:

Our MWMA Adoption support is focused on four main areas: Education, Communications, Site Support, and Contact Center Support.

- **Education:** Classroom trainings will be offered throughout April, May, and June to allow you to practice in MWMA. Additionally, web based trainings are also being created so you can learn online from home or office to reinforce your MWMA understanding and skills.
- **Communications and Outreach:** Includes these bulletins as well as ongoing communications around policy and system changes. You will also see MWMA highlighted at conferences across the state over the next few months.
- **Site Support:** We are coming to visit select case management agencies! Be on the lookout for visits to your agency to help get your questions answered and gain understanding of how we can continue to support you in learning about the system.
- **Contact Center Support:** Additional system specialists will be supporting the Contact Center to aid in timely and accurate answers and resolutions.

MWMA System Updates:

Did you know that several system updates have occurred to improve your experience? Read below for some highlighted changes.

Topic Area	Impacted User	System Improvements
Case Management	Case Supervisor	Case Supervisors are now able to see all case notes even if another user enters the notes. This helps Case Supervisors better understand the Individual's situation and make appropriate decisions.
Case Management	Case Managers, Case Supervisors	Case Managers and Case Supervisors may now enter comments for an Individual if the Application Initiator is within the Case Management Agency.

Helpful Tips:

<u>Upload Application Request for Information (RFI) Documents</u>

Providing required documentation is critical for smooth, timely processing of applications. If the user who initiated the application fails to upload all required verification documents when submitting the application **OR**

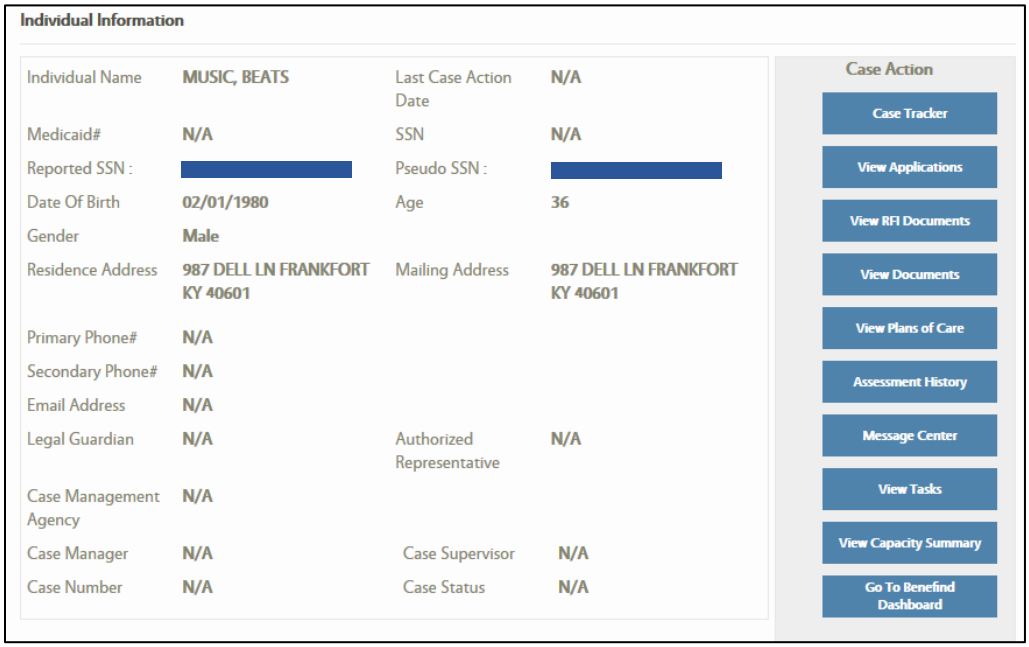
the Application Reviewer marks the application as incomplete or with invalid documents, an RFI is generated and sent to the Individual informing them that verification documentation must be uploaded.

When MWMA generates an RFI for an Individual, missing verification documentation must be uploaded using the View RFI Documents button on the Individual Summary screen!

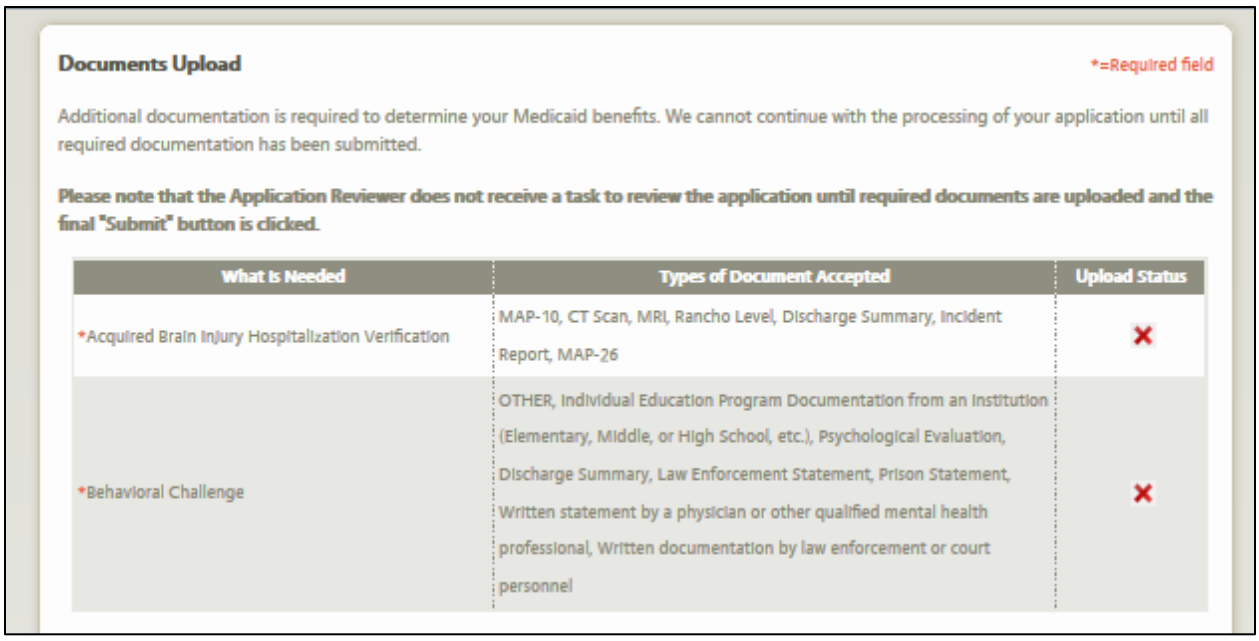
*ESSENTIAL TO KNOW: You must upload missing RFI documents using the **View RFI Documents button**. Using View Documents does not close the RFI. The request remains until all required documents are uploaded using the **View RFI Documents button**.*

If you come back to MWMA and wish to upload missing or additional Application RFI Documents, complete the following steps:

- Go to Quick Search on the MWMA homepage.
- Enter the name or unique identifiers of the Individual.
- Click **View RFI Documents** on the Individual Summary home screen.



- Once the document(s) upload, the Upload Status updates to a green check mark. When **all** the Upload Statuses are updated to green check marks, the user is able to submit the application. Once the mandatory documents are uploaded and the user selects the Submit button in the bottom right-hand corner, a task generates for the Application Reviewer to review the application. **The Submit button is disabled until all the red "x's" have been cleared.**

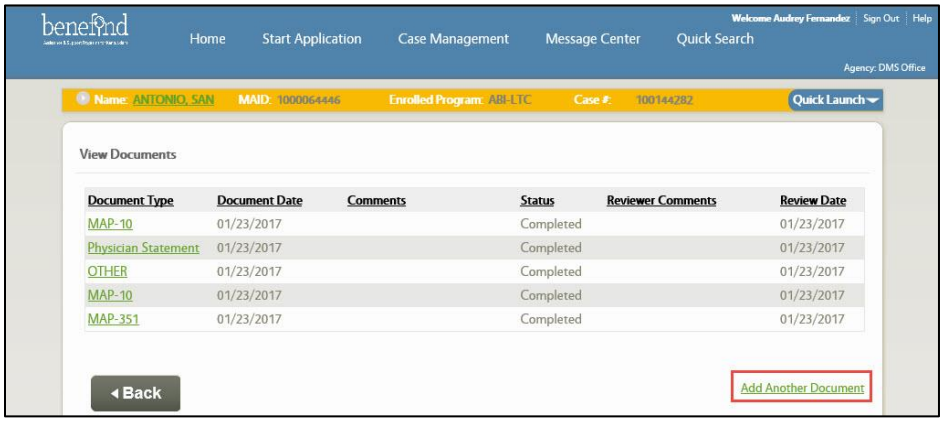


View and Upload Documents

You may use the View Documents button to find and view documents already uploaded and to add document(s). **Remember that uploading documents through this button does not close an existing RFI.**

To upload other documents, that are not part of a task or RFI, complete the following steps:

- Go to Quick Search on the MWMA homepage.
- Enter the name or unique identifiers of the Individual.
- Click **View Documents** on the Individual Summary home page.
- Upload important document(s) by clicking the **Add Another Document** hyperlink.



Note:

- The date populated in the Document Date column is the date the document is uploaded.
- For ease in locating documents, it is helpful to enter a brief comment when uploading, especially if you have selected “Other” as the type of document.

MWMA Bulletin

MWMA 101 | SYSTEM UPDATES | HELPFUL TIPS

Forward

Announcements

Welcome to the Medicaid Waiver Management Application (MWMA) Information Bulletin!

This bulletin explains how MWMA supports the HCBS Waiver programs (ABI, ABI – LTC, HCB, Michelle P., Model II, and SCL) with the goal of helping you to serve those in need of HCBS Waiver services!

There are three sections of the bulletin: **MWMA 101**, **System Updates**, and **Helpful Tips**.

MWMA 101

System Updates

Helpful Tips

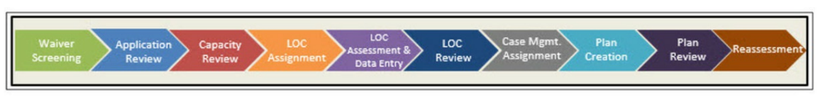
MWMA 101: Reviews the overall system and deep dives into the Screening Application process

System Updates: Details recent helpful system changes

Helpful Tips: Provides tips on how to upload required and important documents in MWMA

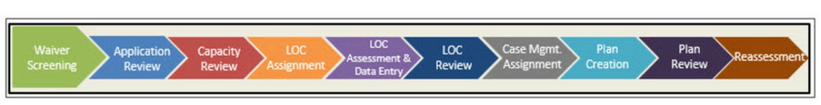
MWMA 101

MWMA is a system that provides support for managing various parts of the Medicaid HCBS Waiver programs. MWMA is integrated with benefind, to support the ten basic steps shown in the figure below, in addition to ongoing Case Management duties. **Note:** benefind is a system which allows Individuals to apply for and maintain applications for Medicaid, SNAP (Supplemental Nutritional Assistance Program), and KTAP (Kentucky Transitional Assistance Program). You should think of the Medicaid and HCBS Waiver application as one integrated process and MWMA and benefind as one, integrated system. People who have been assigned different roles complete each of these steps. As steps are completed, MWMA generates tasks, correspondences, and notifications that are visible on your MWMA Dashboard to help keep you informed of the case. An MWMA user may be assigned one or more roles based on their job description.



In this bulletin we will be discussing the details of the first step: Waiver Screening as part of Application Intake.

Waiver Screening Process: The HCBS Waiver application screening may be started by any user who is able to complete the Medicaid application, with the current exception of Department of Community Based Services (DCBS) workers. These users include: Individual (recipient of services), Authorized Representative, insurance agent, family member, Case Manager, and Case Supervisor.



During the Waiver Screening process, the Individual or user initiating the screening application on the Individual's behalf enters information in MWMA. Depending on if the Individual has Medicaid or a pending Medicaid application, the system might prompt you to go through the full integrated process or start the HCBS Waiver questions directly. Information entered through benefind/MWMA as part of any prior screening application is used to prepopulate the relevant sections, and helps expedite the screening application.

benefind/MWMA is tailored to each Individual's situation and only asks the information that is relevant for that Individual based on answers to questions that are asked in the process of completing the application.

The Waiver Screening process includes:

- Collecting basic information about the Individual
- Understanding the Individual's disabilities, needs, and circumstances

There are several scenarios a user may encounter when completing the screening process depending on if the Individual has applied for and/or is actively receiving Medicaid. **Note**: MWMA understands the Individual's application history and decides which screens to use for the Individual based on if they have completed an application in the past. See below for the various scenarios of the application process. A new waiver application follows the same steps in the chart below.

	Known to benefind/MWMA		
	Active** Medicaid Case	Not Active** Medicaid Case	Unknown to benefind/MWMA
Log-in	✓	✓	✓
Click Start New Application	✓	✓	✓
Enter Basic Information	✓	✓	✓
Medicaid Screening		✓	✓
System takes you to benefind dashboard, click "Start Waiver Application"	✓	✓	
Waiver Screening	✓	✓	✓

***Active case means receiving or applied to receive Medicaid and Medicaid case is not denied or discontinued*

In order for the HCBS Waiver screening application to be submitted and ready for application review, the user who initiates the application fills out all mandatory questions, provides all required documentation, and clicks the Submit button. If all mandatory documentation is not uploaded then an RFI (Request for Information) is created for the Individual.

Helpful Tip: You must click **Submit** on both the Application Summary Screen **AND** the Upload RFI Documents screen in order to complete the application. If the Submit button displays, review the questions in the application for accuracy. **Note:** selecting **Save** does not submit the application.

ESSENTIAL TO KNOW: After 60 days of inactivity, applications that have not made it to the application review step will be marked "**deactivated**." This includes applications with missing mandatory documents. **After an application is marked as "deactivated", a new Waiver application must be submitted in order for the Individual to continue through the process.**

Next Steps after Waiver Screening: For each HCBS Waiver screening application that is submitted with all documents uploaded, a task is created for the Application Reviewer to review the application. It is important to remember that the task to the Application Reviewer is only generated when the application is complete and all required documents are uploaded. Users should select Submit on the application screen and the Upload RFI Documents screen. A Request for Information (RFI) triggers when an application is missing information for an Individual or when the Application Reviewer marks the application as incomplete or with invalid documents. A waiver application missing mandatory documents will not create a task for the Application Reviewer until all documents are provided. It is essential when working with Individuals to complete all information required and to upload all documentation as part of the application.

Below are correspondences related to the Waiver Screening step:

Step	Correspondence	Description
Screening	**Correspondence: Request for Information**	If mandatory documents are missing from the HCBS waiver application, the Individual receives a correspondence to upload missing mandatory documents. The Individual may find this correspondence in their Message Center in their benefind dashboard or in their Message Center on their Waiver Individual dashboard. Once the Individual provides all the mandatory documents and they are uploaded in MWMA (all red 'x's on the documents screen are replaced with green check marks) and the application is submitted, then a task is generated to the Application Reviewer prompting them to review the submitted application.
	Correspondence: Waiver Application	A printable version of the Wavier application is available for the user.

System Updates

Did you know that several system updates have occurred to improve your experience? Read below for updates!

Topic Area	Impacted User	System Improvements
Plan Management	Case Manager	In-progress goals with recurring objectives carry forward during annual recertification reducing repetitive entry of objectives and improving consistency.
	Level of Care Assessors	Perform Reassessment task is generated 60 days prior to the LOC End Date to allow for more flexibility for entry within the reassessment period.

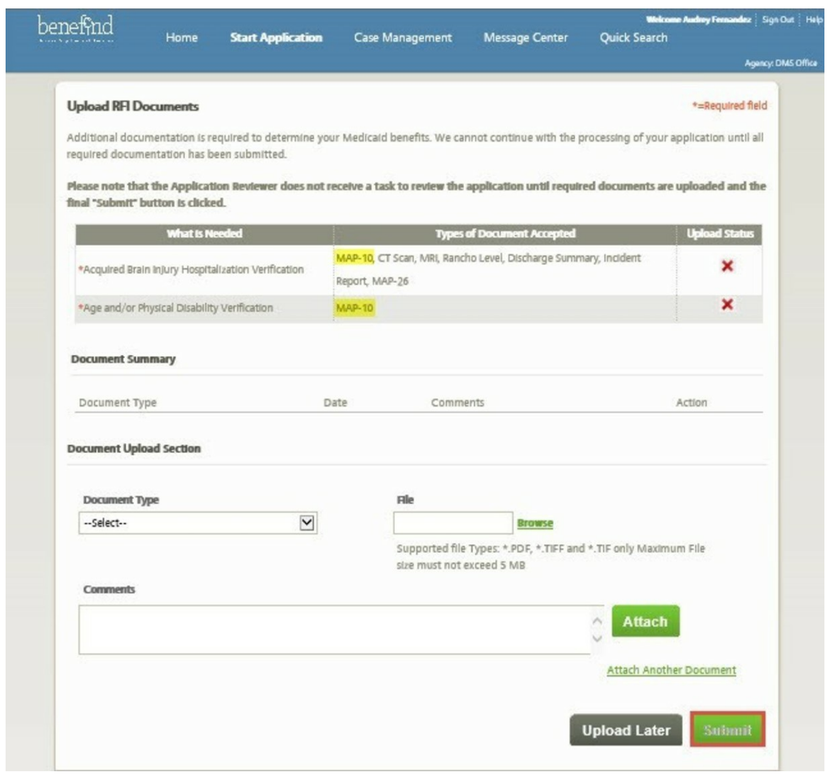
Helpful Tips

Have you ever been in the situation where the **Submit** button is disabled on the Upload RFI Documents screen? Well you're just missing one easy step to submit your application!

Once completing the waiver questions, the Application Confirmation screen appears. It's important to read the text at the bottom of screen that states you must still select "Next" to upload all required documents requested on the "Upload RFI Document" screen. Upon clicking "Next", the Upload RFI Documents screen appears. Upload all of the documentation required in the "What is Needed" column.

Note: one document may be accepted for multiple verifications in the "What is Needed" column. For example, in the picture below the MAP-10 document works for the Acquired Brain Injury Hospitalization Verification AND the Age and/or Physical Disability Verification. The upload of all required documents updates the "Upload Status" to green check marks and enables the Submit button so you may move forward with the process!

This submit button on the Upload RFI Documents screen is the final step in completing the Screening Application, and it triggers a task for Application Review.



Helpful Resources

Contact Center representatives are available Monday-Friday from 8 a.m. to 5 p.m. ET at 1-800-635-2570. After the DMS welcome message plays, press 1, 6, and 2 to be transferred directly to the MWMA Contact Center.

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MWMA Information Bulletin April 2017

Announcements:

Welcome to the Medicaid Waiver Management Application (MWMA) Information Bulletin! This bulletin highlights an important note about MWMA classroom training and deep-dives into the Pre-Screening Review process. We also cover exciting system updates that became effective April 1st in addition to tips to help you view and interpret an application status.

Breaking News: MWMA Classroom Registration is Open!

Our intent is for every agency to receive training. There is not enough classroom space for every person from every agency to attend. It is up to each agency to determine the best 1-2 individual(s) to attend the training to then share their knowledge with the rest of the staff. If there is additional space available, agencies will be notified.

Registration for training occurs in TRIS. Use this link to access the TRIS calendar https://tris.eku.edu/dcbs/calendar.asp. When logging into TRIS please note that most usernames are **firstname.lastname** and the password is **medicaid1.**

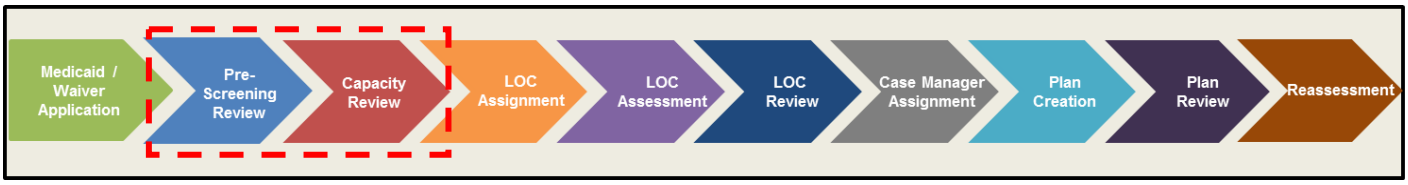
There are three sections of the bulletin: **MWMA 101**, **System Updates**, and **Helpful Tips**:

MWMA 101: Deep dives into the Pre-Screening Review process

System Updates: Details recent helpful system changes

Helpful Tips: Provides tips on how to view the application status

MWMA 101:

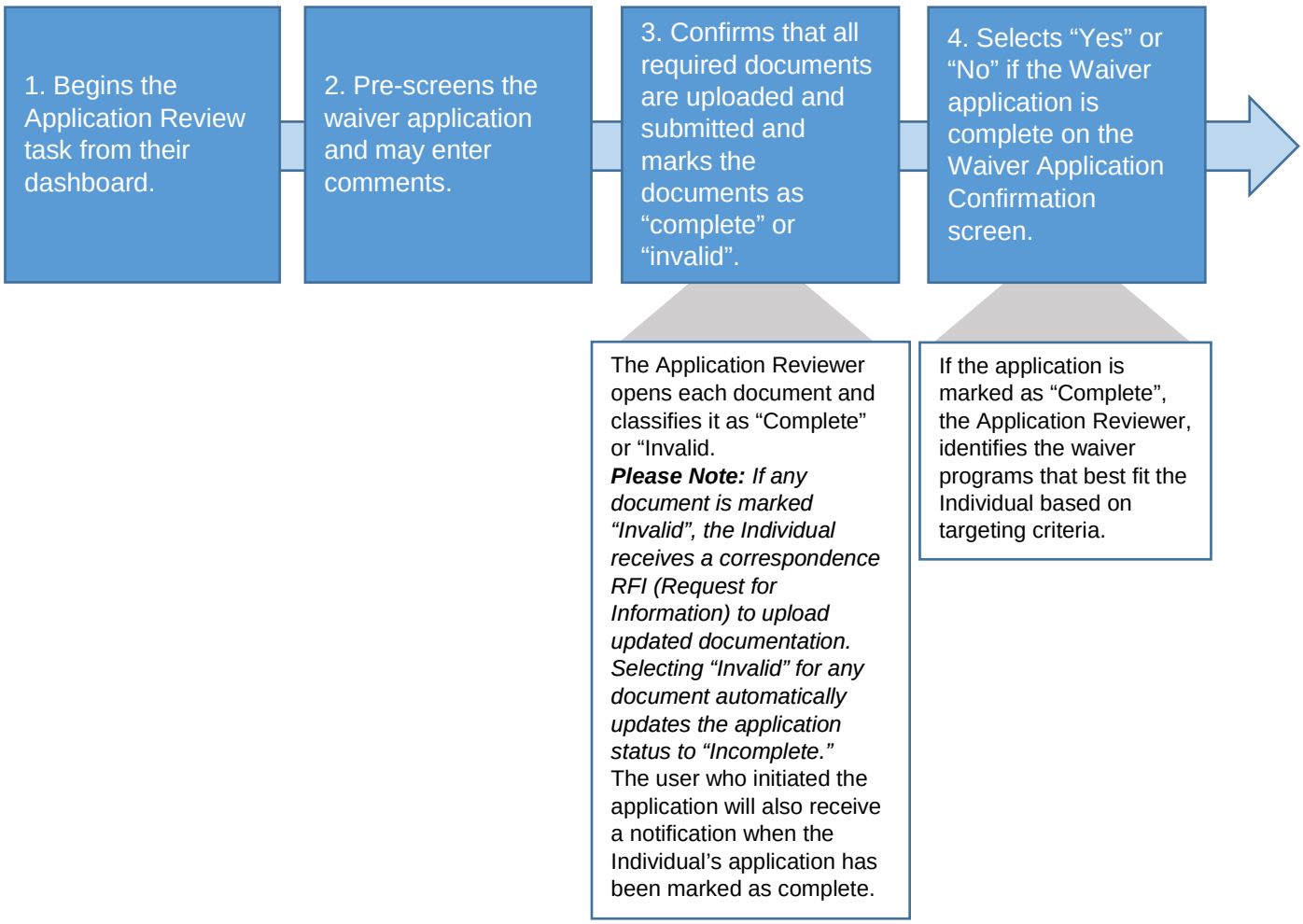


Pre-Screening Review

Ever wonder what happens after an application is complete and submitted? After submission in the Medicaid / Waiver Application step, the application goes to the Pre-Screening Review step! The Pre-Screening Review step is important to the process because the Application Reviewer identifies gaps in the application and begins the process of evaluating if the Individual meets any of the HCBS waivers' (ABI, ABI – LTC, HCB, Michelle P., Model II, and SCL) targeting criteria. Targeting criteria are the requirements an Individual must meet in order to be considered for a specific HCBS waiver. Examples of targeting criteria include age and diagnosis/condition. The criteria are different for each HCBS waiver.

To complete the Pre-Screening Review, the Application Reviewer goes through the following process:

The Application Reviewer:



There are two main outcomes of the review:

Application Status	Next Step Action(s) Taken
HCBS Waiver application is marked **Complete** and all mandatory documents have been uploaded. If the Application Reviewer determines that the application meets the HCBS waiver targeting criteria, MWMA creates an **MWMA case number** for the Individual. One application is reviewed for all HCBS waivers	• Task triggers for the Capacity Reviewer to review the application. • Capacity Reviewer evaluates the application against the targeting criteria (specific eligibility requirements) for a particular HCBS Waiver. • If targeting criteria is met, the Capacity Reviewer determines if capacity is reserved or waitlisted.

provided by the Department for Medicaid Services (DMS).	
HCBS Waiver application is marked **Incomplete.**	• An RFI correspondence is created for the Individual to upload documents marked as invalid or requested per the Application Reviewer's comments. The Case Manager may view the correspondence letter under by clicking Message Center in Case Action on the Individual Summary screen.

Below are tasks and correspondences related to the Pre-Screening Review step:

Step	Task/ Correspondence	Next Step
Application Review	**Task: Urgency of Need and Capacity Review- Application Reviewer**	Capacity Reviewer receives a task to review the application and evaluate the application for urgency of need and review targeting criteria.
	Correspondence: RFI	The Individual receives a letter with an RFI (Request for Information) that states the Individual must provide requested documentation. Note, Individuals may still receive this correspondence even if all documents are uploaded. A disclaimer for the RFI states to disregard the correspondence if all mandatory documents have been provided.
	Correspondence: Does Not Meet Targeting Criteria	If the Targeting Criteria is not met for **any** HCBS Waiver, a correspondence generates to the Individual who does not meet the targeting criteria.

Capacity Review

After the Application Reviewer marks the application as complete, the Capacity Reviewer determines if the Individual meets targeting criteria for the specific HCBS Waiver program. Examples of targeting criteria may include age or diagnosis. If the Individual meets the targeting criteria for the waiver, the Capacity Reviewer updates the Individual's urgency of need. Some of the waivers have more than one category of urgency of need to designate the severity of the Individual's situation. The Capacity Reviewer then reviews the spots available for the waiver. Depending on the capacity, the Capacity Reviewer will reserve a spot for the Individual or place the Individual on a waitlist.

System Updates:

System updates help users better navigate MWMA. Did you know on April 1st the system was updated to help improve your MWMA experience?

Topic Area	Impacted User(s)	System Improvements
Application Intake		
Application Access	Case Supervisors, Case Managers, Application Initiators	All Case Supervisors, Case Managers, and Application Initiators within the same Case Management agency may search and view details of an Individual, and submit the application if the user who initiated the application is within the same agency. This allows for more transparency across the agency.
Application Initiator Transfer	Case Supervisors, Case Managers, Application Initiators	Case Supervisors within an agency currently associated with the Individual may initiate an internal and external Application Initiator Transfer. Users within a different agency can also request an immediate transfer if the Individual has chosen the new Agency to complete the application. The new Case Management Agency will not need to initiate the application, but will need Individual details to complete the case transfer and submit the application.
Application Processing	Application Initiators	A new notification informs Application Initiators that the Individual's application has continued through the MWMA processes. A notification informs the Application Initiator that the Individual's application has been marked complete. An additional notification is sent when capacity is either "Reserved" or "Waitlisted" for the Individual. If the Capacity Reviewer determines the Individual does not meet targeting criteria, a task generates to the Application Reviewer per existing functionality.
Refer to the Application Initiator Transfer and Application Search Job Aid that will be posted to TRIS soon for more information.		
Electronic Signature	Application Initiators	During Application Intake, the MAP-115 has been added as a mandatory document for all applications submitted by a user other than the Individual or the Individual's Authorized Representative.
Level of Care		
Level of Care	Plan Reviewers, Case Managers, QIO Super-Users	QIO Super-Users are now able to update the LOC dates when a change is needed even after determining the LOC is "Met".
Plan of Care		
Electronic Signature	Plan Reviewers	During the development of Plan of Care, the MAP-116 has been added as a mandatory document for all Plans.
Conflicting Case Management: Case Transfer and Plan of Care	Case Management Administrators, Case Supervisors, Case Managers	MWMA has been updated to check services that are not marked for exclusions for conflict during Case Transfer and Plan of Care Submission.

Topic Area	Impacted User(s)	System Improvements
Plan of Care	Plan Reviewers	Case Managers may now add multiple employees under one PDS (Participant Directed service). They may also add multiple service delivery locations to each PDS service.
Refer to the Plan of Care: Multiple Employees per PDS Service Job Aid that will be posted to TRIS soon for more information.		
Plan of Care	Case Supervisors, Case Managers	There is now text on the Submit Plan screen that asks the Case Manager if they acknowledge their responsibility to monitor the plan and print and distribute the plan to the Individual, family members, Legal Guardians, Authorized Representatives and anyone else in the development of the plan.
Plan of Care	Authorized Representatives, Case Supervisors, Case Managers, Case Management Administrators, Waiver Capacity Administrators, Plan Reviewers	The Plan of Care print template has been improved. The POC PDF allows the user to keep a hard copy of the Plan outside of MWMA. Any changes to this template will only be reflected for future-generated correspondences. Any previously-generated correspondences using the old template will remain as-is.
General Updates		
Notifications	All users	An update now shows the number of unread messages in the Message Center. This numbered notification appears in three places in MWMA including: • Next to the Message Center link in the blue header • Next to the Notifications Center link in the Quick Links section of the Dashboard • Next to the Message Center header on the Message Center screen. This helps notify users when they have new, unread notifications.
Case Notes	Case Supervisors, Case Managers	Agencies may now decide if they will use MWMA for managing case notes and document their decision in MWMA. If agencies decide to opt-out, they indicate their DMS-approved case note management tool. Opting-out is at the Case Management Agency level (not the individual user level). If an agency opts-out there will no longer be tasks generated for case notes, but they can still be entered in MWMA. *Note, Agencies must indicate if they are opting-out of using MWMA for Case Note Management by June 30th. After June 30th, if your Agency has not indicated their case note management tool choice, it is assumed your Agency chooses to use MWMA for case note management.*
Case Notes	Case Supervisors, Case Managers	Case Managers may now indicate if a case note could not be captured for the month. In addition, users may also view multiple existing case notes at the same time as

Topic Area	Impacted User(s)	System Improvements
		entering a new case note for enhanced case transparency.
Refer to the Enhance Case Note Management Job Aid that will be posted to TRIS soon for more information.		
Reports	Case Supervisors, Case Managers, Case Management Administrators	Two new reports are available in MWMA. The Agency Snapshot report provides a snapshot of all Individuals within a specific agency and the length of time it has taken for Individuals affiliated with a specific agency to complete each key phase of MWMA intake through POC prior authorization. The Waiver Timelines: Applications report provides details on the timeliness of the different phase of the application process from initiation through completion.
Refer to the New Reports (Agency Snapshot and Waiver Timelines: Applications) Job Aid that will be posted to TRIS soon for more information.		

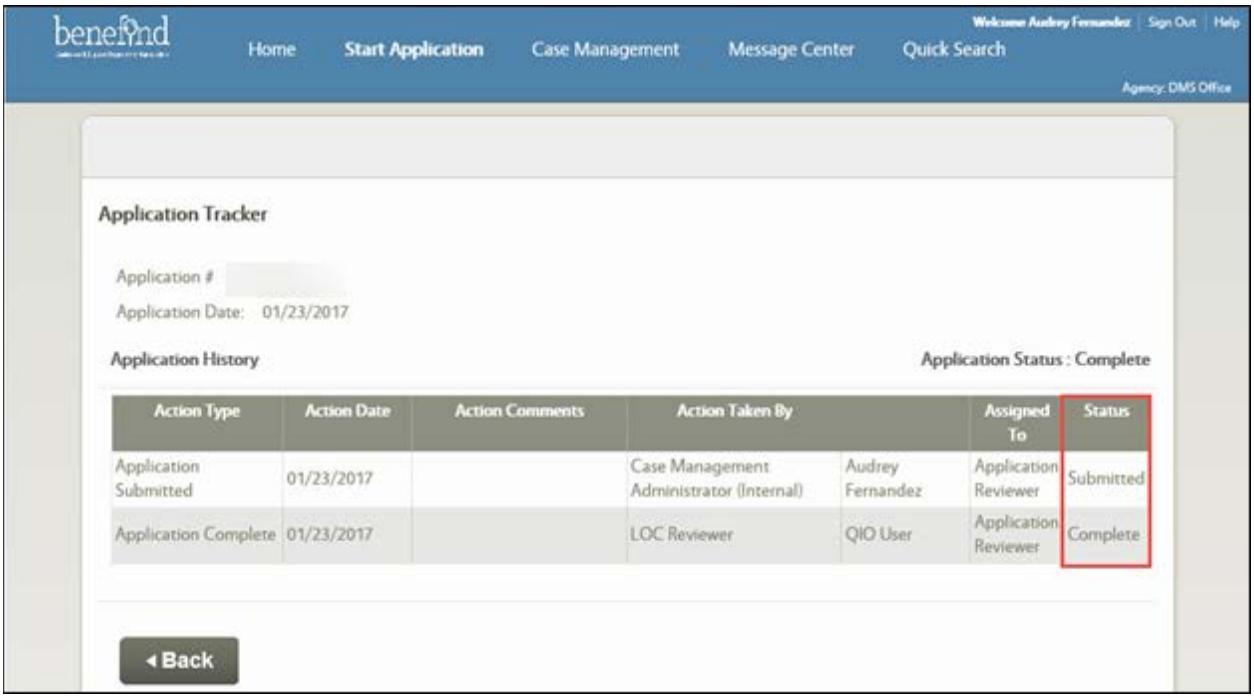
Please Note: The Centers for Medicare and Medicaid services (CMS) and Kentucky regulation refer to the Plan of Care as the Person Centered Service Plan.

Helpful Tips:

Have you ever wondered how to track the status of an application? MWMA allows you to track application statuses to better understand the progress of an application.

To track the **waiver application status**:

- Go to Quick Search on the MWMA home screen.
- Enter the name or unique identifiers (e.g. Application Number, Case Number, Social Security Numbers, etc.) of the Individual.
- Click **View Applications**.
- Click the **hyperlink of the application number**, you are able to view the status of the application on the application tracker screen.



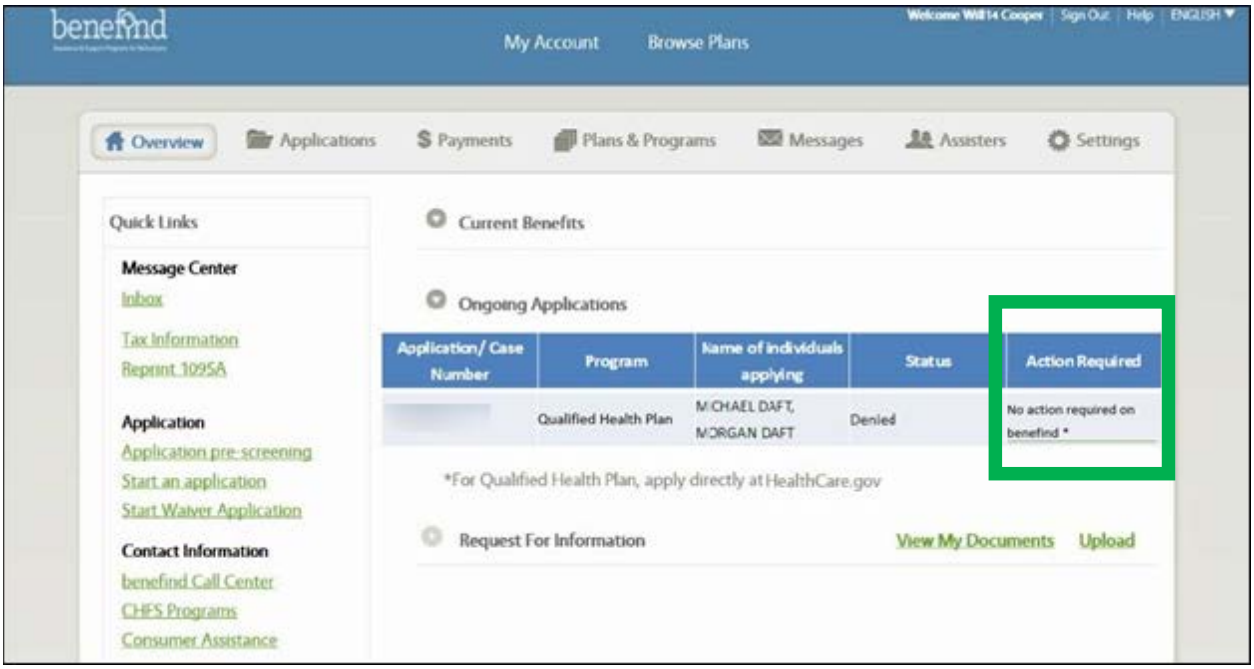
Please refer to the application status for applications that have been submitted and are being reviewed for completeness. A case number and status is created once an application is reviewed and marked complete. You should refer to the case status to track the case through the remaining steps in the process.

Below are the application statuses and brief descriptions:

Application Status	Phase	Description
Saved	Waiver Screening	User who initiated the application saves the HCBS Waiver Application. Case Supervisors, Case Managers, and Application Initiators within the same agency of the Application Initiator should still submit the application.
Submitted	Waiver Screening	Case Supervisors, Case Managers, and Application Initiators within the same agency of the Application Initiator submits the HCBS Waiver. Although there is an application status of Submitted, mandatory documents may still be required for upload before the application triggers a task for the Application Reviewer to review the application.
Resubmitted	Waiver Screening	Case Supervisors, Case Managers, and Application Initiators within the same agency of the Application Initiator resubmit the application after uploading new documents.
Complete	Application Review	Application Reviewer determines the application is complete.
Incomplete	Application Review	Application Reviewer determines that the uploaded documents do not provide enough information.

To track the status of a **Medicaid application**:

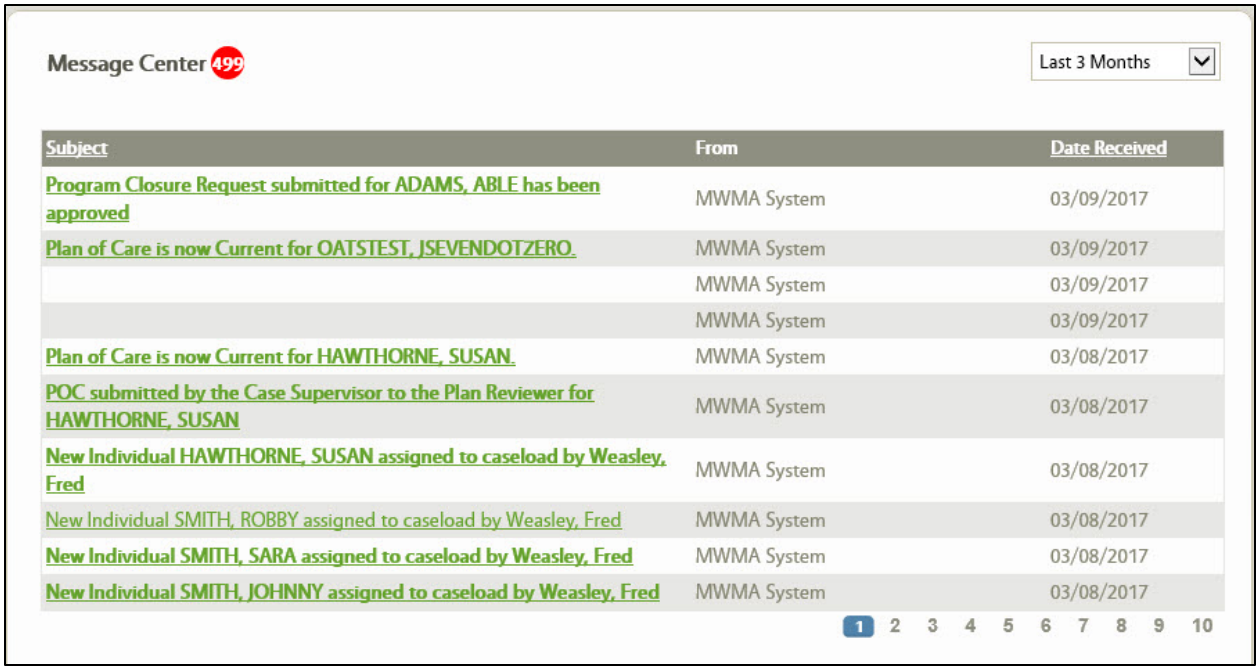
1. Go to Quick Search on the MWMA home screen.
2. Enter the name or unique identifiers (e.g. Application Number, Case Number, Social Security Numbers, etc.) of the Individual.
3. Click **Go to benefind Dashboard** on the Individual Summary screen.
4. View the application status on the **benefind Dashboard**.



Notifications help you stay up-to-date with the most recent activity regarding your case. See below for a tip to view notifications!

To view notifications:

- Click Message Center on your MWMA dashboard
- Review your notifications! The notification icon marks the number of unread messages.



Note: To view an Individual's correspondence, navigate to the **Individual Summary** screen and select **Message Center**. The Individual's correspondence displays here.

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Announcements

You can still sign up for MWMA training that covers the entire MWMA process, ongoing case management, and reassessments! Visit the TRIS website to register: https://tris.eku.edu/dcbs/calendar.asp.

MWMA 101 **System Updates** **Helpful Tips**

MWMA 101

Level of Care (LOC) Assignment

Have you ever wondered what happens after capacity is reserved in an HCBS waiver program? After an application has gone through capacity review and space has been reserved in a Waiver program, the application moves to the LOC Assignment phase. The communications (tasks and correspondences) generated when capacity is reserved depend on the waiver.

In order to receive services through a Medicaid waiver, an Individual must meet the criteria to qualify for Medicaid-reimbursed institutional care. The Level of Care assessment and determination must be done at least once a year.

Let's review what happens when capacity is reserved and the Level of Care determination begins!

LOC Assessment

For the HCB LOC assessment, a task is only triggered for the Internal HCB LOC Assessors. For the rest of the waivers a letter is sent to the Individual and/or the authorized representative/legal guardian to choose an LOC Assessment agency. Let's dive in to learn more about this process!

The Agency associates themselves with the Individual, and a task is created for the LOC Assessor group to schedule and perform the assessment. For Michelle P., the agency associating themselves with the Individual must be from a Community Mental Health Center (CMHC). DMS workers with the LOC Assessor role perform the LOC Assessment for all Individuals with

reserved capacity in the HCB waiver.

After completing the LOC Agency Assignment, for Michelle P., Model II, ABI-Acute, ABI-LTC and SCL waivers, the LOC Assessor at the chosen agency receives a task to schedule and perform the LOC Assessment. The LOC Assessor schedules the appointment, completes the assessment, records the assessment results, and uploads the documents needed for the LOC Review process.

LOC Review

Ever wonder what happens after you submit the LOC Assessment? The LOC Reviewer views a read-only version of the LOC Assessment, including data entered on-screen and any uploaded documents. The LOC Reviewer then determines if the Individual meets the appropriate Level of Care. Let's review the various LOC determination decisions!

Waiver Enrollment

Although an Individual's Level of Care is marked as Met, there are still additional validations needed for the Individual to be enrolled. Let's discuss these enrollment details.

To be enrolled in the designated HCBS Waiver program, the Individual must have an active and approved Medicaid case in a Waiver-compatible type of assistance. When the Individual receives a correspondence informing them that their LOC is 'Met,' MWMA works with benefind to identify the Individual's existing Medicaid eligibility and verifies that the Individual has active and approved Medicaid in a compatible type of assistance. MWMA enrolls the Individual in the HCBS Waiver program after the LOC Reviewer designates the LOC as 'Met' and the Individual has the correct Medicaid Eligibility. Upon enrollment, the Individual receives a correspondence informing them that they are enrolled and should choose a Case Management Agency.

System Updates

On April 1st, several system enhancements, implemented based on your input, went live in the system. Keep on the lookout for communications regarding future updates!

Helpful Tips

Individual Yellow Bar

Several screens in MWMA display a yellow bar that shows Individual information, which helps you easily identify important information. By clicking the yellow bar, additional information is visible including the Case Manager, Case Supervisor, Case Management Agency, Status of the selected program, and LOC End Date.

Quick Launch Functionality

Throughout various screens in MWMA, you may access Quick Launch. Quick Launch is an on-screen drop-down that allow users to easily navigate to other screens and modules within MWMA. Simply click the Quick Launch drop-down and click any of the buttons to navigate to that screen.

View Individual's MWMA Correspondences

To view an Individual's MWMA correspondences:

3. View the Individual's MWMA correspondences.

Program Closure Tips

Case Management Agencies should request program closures only when the person is leaving the waiver altogether (not just your agency).

When **NOT** to submit a Program Closure:

Helpful Resources

Contact Center representatives are available Monday-Friday from 8 a.m. to 5 p.m. ET at 1-800-635-2570. After the DMS welcome message plays, press 1, 6, and 2 to be transferred directly to the MWMA Contact Center.

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This email was sent to melissa.byrd@ky.gov.
To continue receiving our emails, add us to your address book.

Inserted from <mhtml:file://C:\Users\melissa.byrd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\AHI7JCR2\email (002).mht>

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MWMA Bulletin

MWMA 101 | SYSTEM UPDATES | HELPFUL TIPS

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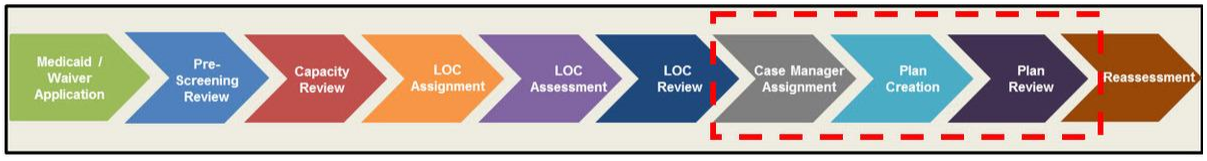


MWMA 101

Case Manager Assignment

The last bulletin included information that the LOC (Level of Care) Reviewer makes the LOC determination by marking the LOC “Met”, “Not Met”, or “Pended”. Each of these determination decisions generates different communications to those involved in the LOC process. If the LOC Reviewer marks the LOC “Met,” a correspondence is sent to the Individual/Legal Guardian/Authorized Representative (as appropriate) informing of the LOC status. MWMA works

with benefind to verify that the Individual has Active and Approved Medicaid in a compatible Medicaid Type of Assistance (TOA). At this point, if the Individual's Medicaid eligibility is verified to be Active and Approved in a compatible TOA, MWMA enrolls the Individual in the specific HCBS Waiver program. Upon enrollment, another correspondence is sent informing of the waiver enrollment and that a Case Management Agency must be chosen.

For additional information related to correspondences generated through the Level of Care process, including Level of Care marked "Not Met" or "Pended", please refer to the Case Manager Participant Manual.

A Case Supervisor in the chosen Case Management Agency performs the initial Case Management Assignment by utilizing the **Case Manager Assignment** link in the *Quick Links* of their **Dashboard**.

Plan Creation

When the Case Supervisor assigns the Individual to a Case Manager's caseload, the Case Manager receives the task to "Create and Submit Initial Plan of Care for Newly Assigned Individual." The Case Manager may begin entry in both the Accompanying Data and Document (ADD) module and Plan of Care (Plan) module as soon as the case manager assignment has taken place. If any of the ADD module is required as part of the Plan, it is most efficient for the Case Manager to complete the ADD module and then begin entry in the Plan module.

The Plan includes the following screens:

- Create Draft Plan
- View Plan Details
- Goals
- Service Details
- Non-Waiver Program
- Service Summary
- Upload Documents
- Submit Plan

After the Case Manager clicks "Submit Plan" on the Submit Plan screen, the Plan may go to a variety of users for review. Let's review the various scenarios in which the Plan may go to different reviewers!

Scenario	Reviewer
• Case Manager is in training • Case Manager's agency requires Case Supervisor review • Case Manager selects **Yes** to send the Plan to the Case Supervisor on the Submit Plan screen	**Case Supervisor**
• Exceptional supports request • Case Management conflict	**CHFS Case Management Administrator (CMA)**
• None of the above scenarios exist • Required Case Supervisor and/or CMA review has taken place	**Plan Reviewer***

**The Plan Reviewer is the final reviewer.*

Plan Review

If the Plan does not require Case Supervisor or Case Management Administrator review OR when any necessary review/revision has taken place, the Plan Reviewer receives a task to review the Plan. The Plan Reviewer gives a prior-authorization decision to each service requested. The "Pending Plan Reviewer Review" task cannot be closed (and the prior-authorization decisions for the services cannot be submitted) until each service is reviewed and marked "Approved", "Not Approved", or "Pended".

- If any service within a Plan is marked "Approved," the service may be provided according to the date, rates, and units prior-authorized in the Plan by the external Plan Reviewer even if other services on the Plan are determined to be "Not Approved" or "Pended."
- If any service within a Plan is marked "Not Approved," it means that the Plan Reviewer determined that the service or units of service were not appropriate for the Individual's situation. If any of the services are marked "Not Approved," the Case Manager receives a "Revisions Requested by Plan Reviewer" task.
- If any service within a Plan is marked "Pended," it means that the Plan Reviewer needs more information. "Pended" services may require follow-up with the Individual, depending on the situation. If any of the services are marked "Pended," the Case Manager receives a "Revisions Requested by Plan Reviewer" task.

If the Plan Reviewer marks the Prior-Authorization on a least one, but not all, services as "Pended" or "Not Approved", the Plan Status displays as *Partial Current*.

If the Plan Reviewer marks the Prior-Authorization on ALL services as “Pended” or “Not Approved” with a reason other than “LOI” or “CDO Budget”, the Plan Status displays as *Revisions Requested by QIO.*

System Updates

There are two changes to Medicaid policy regarding Medicaid application and renewal processes which require system enhancements. These enhancements will be effective July 1st. The following table includes brief descriptions.

Module	Current Process	Beginning July 1
Application Intake	Individuals submitting an application for Non-MAGI Medicaid (MA) via the benefind Self-Service Portal (SSP) are currently required to complete an interview with DCBS before Medicaid eligibility may be determined and the case disposed.	Individuals submitting an application for Non-MAGI MA via the SSP are no longer required to complete an interview. Individuals may receive real-time eligibility determinations following completion of the Medicaid application if no verification is required.
Benefits Renewal	Non-MAGI MA renewals must be initiated by contacting DCBS or by renewing on the benefind SSP and renewal interviews are required. Individuals who only receive Medicare Savings Program* (MSP), receive a renewal form which must be completed and returned to DCBS.	Non-MAGI MA and MSP will no longer require action by the individual to initiate the renewal process. They will either be passively (automatically) renewed or they will receive a renewal form, depending on their situation. They may be required to return verification but neither will require an interview.

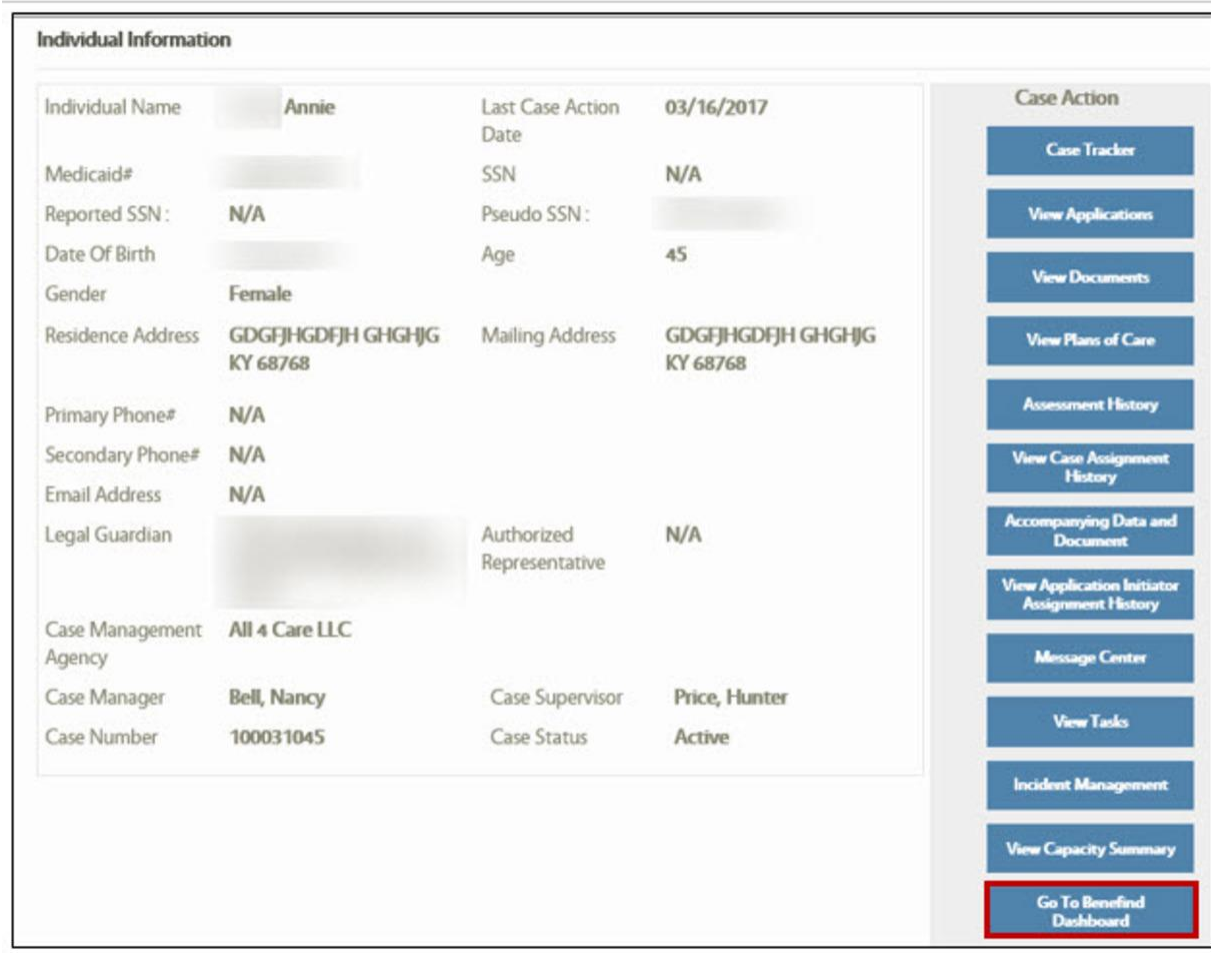
* Medicare Savings Plan as it is referred to in this document may refer to any of the following TOAs: QMBP (Qualified Medicare Beneficiaries), SLMB (Special Low-Income Medicare Beneficiaries), QDWI (Qualified Disabled Working Individuals) or QI1P (Additional Low-Income Medicare Beneficiaries). Be aware that MSP by itself is not compatible with Waiver. Only those Individuals dually eligible to receive benefits through a MSP TOA **and** a Waiver-compatible Medicaid TOA would be eligible to receive Waiver services.

Helpful Tips

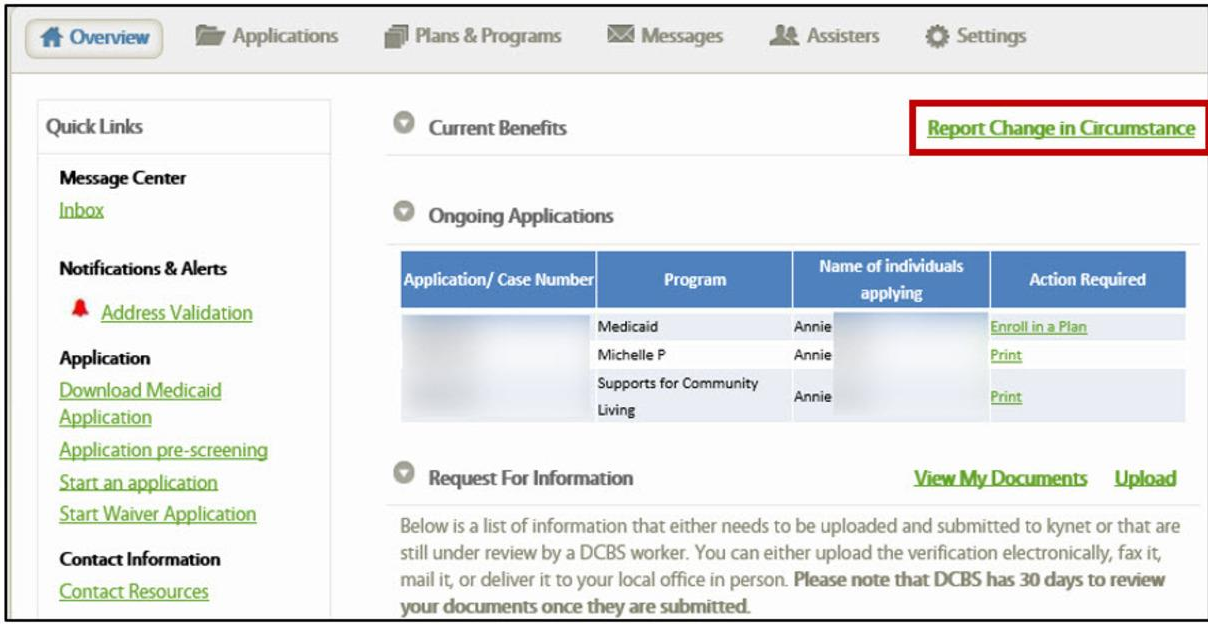
Have you ever wondered how you would update an Individual’s address? Users that are associated with the Individual’s case or application have the ability to navigate to the Individual’s benefind Dashboard and update the Individual’s address. Both the residential address and the mailing address may be updated through benefind. Let’s go over the steps to update an Individual’s residential address.

Updating a Residential Address

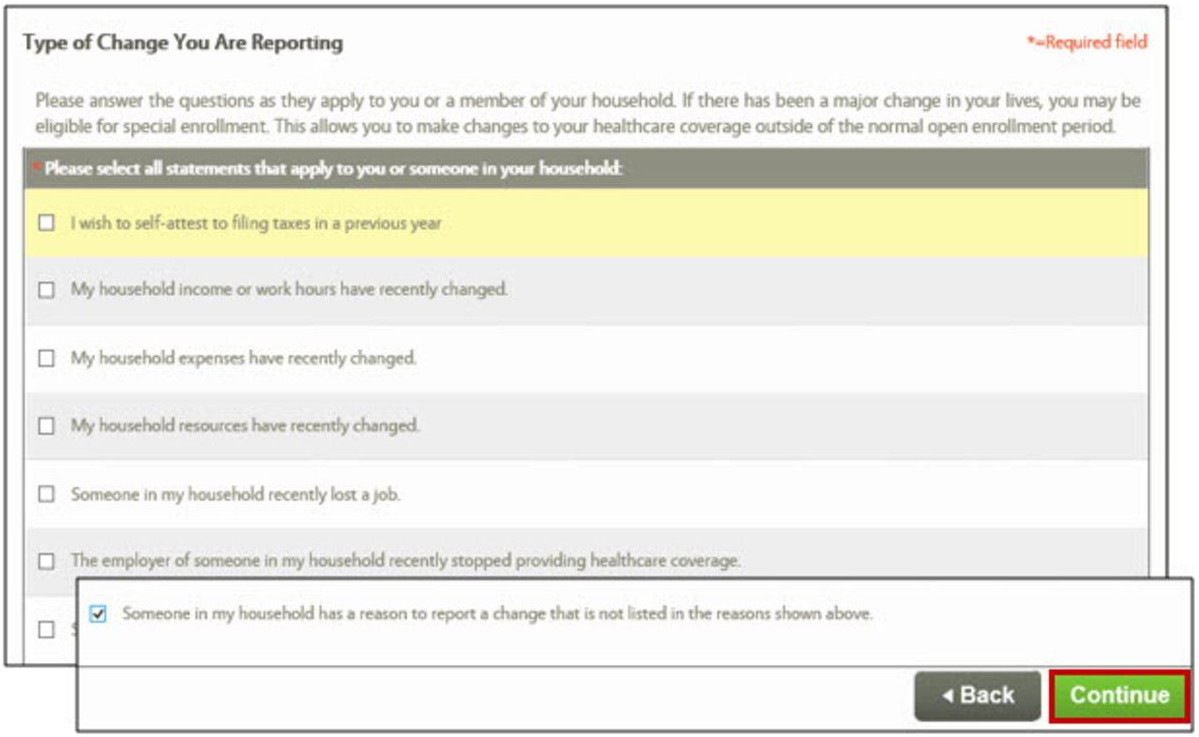
1. Navigate to the Individual's **Individual Summary** screen.
2. Click **Go to benefind Dashboard**.



3. Click **Report Change in Circumstance.**

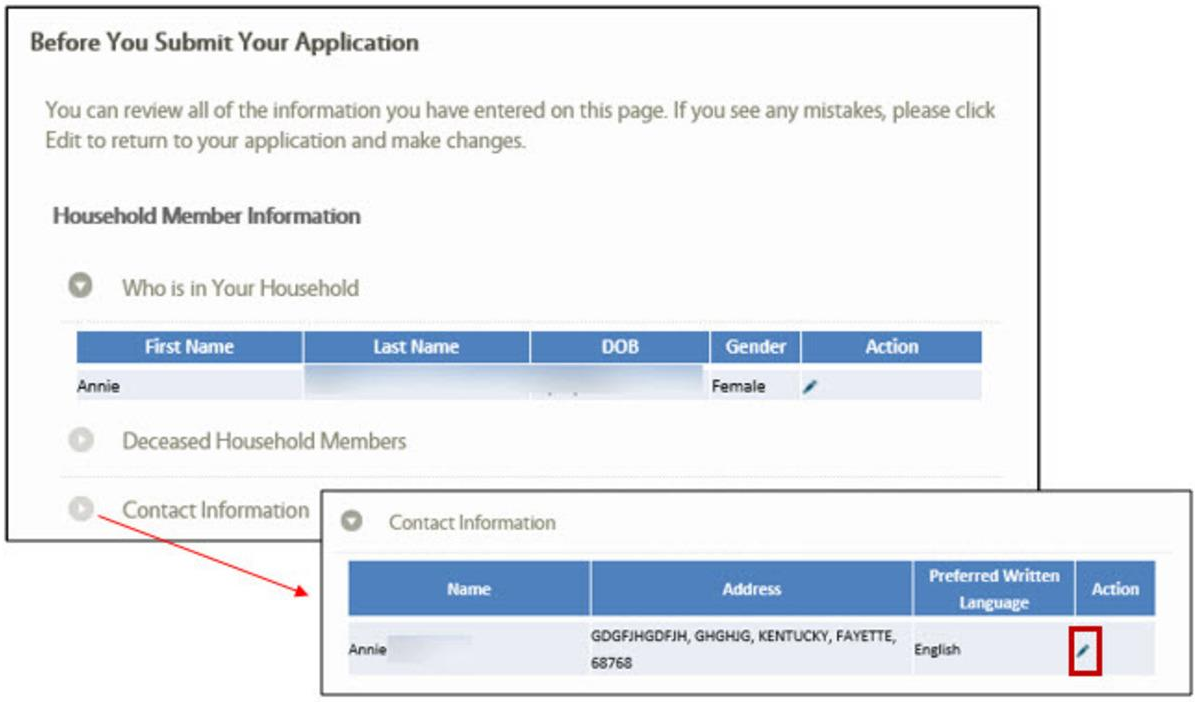


4. Review the *Type of Change You Are Reporting* list. Check the last report type box, *Someone in my household has a reason to report a change that is not listed in the reasons shown above.*
5. Click **Continue.**

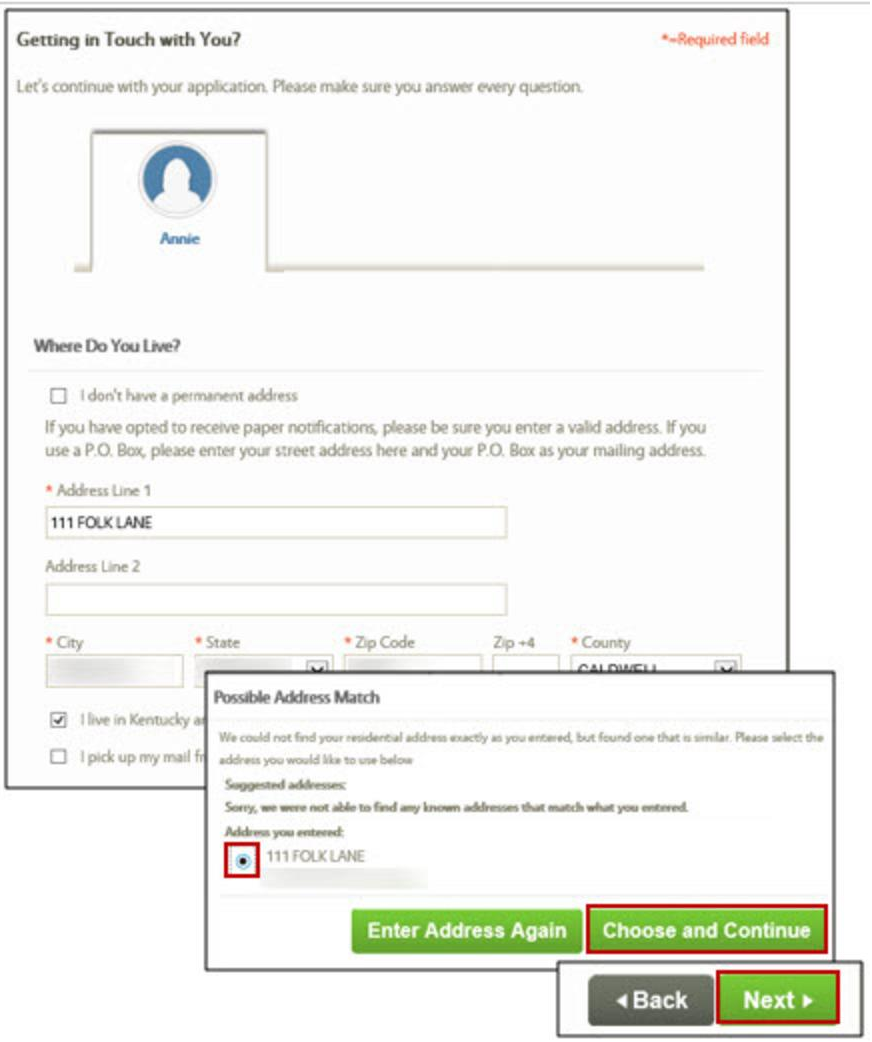


Please Note: The user is able to mark the boxes next to any applicable changes that need to be made. If the change is not explicitly listed, mark the last box: Someone in my household has a reason to report a change that is not listed in the reasons shown above.

6. Select the **arrow** drop-down next to Contact Information.
7. Click the **pencil** icon under Contact Information to edit the Individual's address.



8. Enter the new address details.
9. Select the appropriate button on the Possible Address Match pop-up.
10. Click **Next**.



11. Continue through the end of the Medicaid application, complete the E-signature, and re-submit the Medicaid application to update the residential address. *Please Note: This process replaces the usage of the MAP – 24 or 24c for address changes. This is only for residential address updates. There are other address update processes.*

This update requires the user to review all information previously captured in the rest of the Medicaid application. This occurs because any update may cause a downstream impact on information captured on subsequent screens.

Updating a Mailing Address

Updating an Individual's mailing address does not involve re-submitting the Medicaid application. The user is also able to update an Individual's phone number through the process listed below.

1. Access the Individual's **benefind Dashboard** through the **Individual Summary** screen.

2. Click **Settings**.
3. Next to the *Contact Information* section, click **Edit**.
4. Enter the new address details.
5. Select the appropriate button on the Possible Address Match pop-up.
6. Click **Update**.

Please Note: Users may also update the "How Else Can We Reach You?" section to indicate additional contact information.

New and revised documents and web-based trainings will be posted to TRIS soon, including more information regarding updating addresses.

To get a TRIS account, send an email to MedicaidPartnerPortal.info@ky.gov

TRIS URL: http://tris.eku.edu/MWMA/

Most usernames are firstname.lastname with the password medicaid1

Helpful Resources

Contact Center representatives are available Monday-Friday from 8 a.m. to 5 p.m. ET at 1-800-635-2570. After the DMS welcome message plays, press 1, 6, and 2 to be transferred directly to the MWMA Contact Center.

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